

MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
September 29, 1950

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Aid to Needy Children Manual Letter No. 6.

These regulations contained in this material were approved by the State Social Welfare Board on September 29, 1950, pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5 and 1560, and are filed in accordance with provisions of Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,



Charles I. Schottland  
Director

Attachments

**FILED**

in the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By

Deputy

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)



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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
October 6, 1950

FILED  
IN REPLY PLEASE REFER

TO:  
In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

AID TO NEEDY CHILDREN MANUAL LETTER NO. 6

The attached revisions numbered 27 through 37 are to be entered in your copy of the Manual of Policies and Procedures - Aid to Needy Children and the revision numbers canceled on the inside of the Manual cover.

These revisions were adopted by the Social Welfare Board on September 29, 1950, to be effective October 1, 1950.

Secs. C-100, C-105, C-130, C-135, C-170 have been revised in accordance with the provision that records be kept of requests for assistance.

Secs. C-225, C-230, C-235, C-240, and C-245 have been revised to provide that in a family where the children are living with a natural father and a stepmother who provides adequate substitute mother care, there is not eligibility for ANC because of the death or absence of the natural mother.

Sec. C-503 has been revised to provide that the Cost Schedule, Form Gen M45, will be issued to counties whenever the pricings indicate a difference of \$2.00 or more over or under the last Cost Schedule. This difference of \$2.00 or more will be determined by the SDSW on a formula basis. The most recently issued Cost Schedule shall be used by the county in computing budgets.

Sec. C-515, as revised, requires that the ANC payment be in the exact amount, within the limits provided by federal and state laws, by which the total need exceeds income, rather than in an even dollar amount which has been rounded. The provisions of this section are effective immediately on all new applications, reapplications, and restorations. For current cases any necessary change shall be made at the time of the next reinvestigation or when the grant is changed for any reason, whichever date is earlier.

The county's responsibility in the application process is to receive requests and applications for assistance, to assist applicants in securing evidence of eligibility, to determine eligibility or ineligibility, and to authorize and assure issuance of payments to eligible persons. (W&IC 1550, 1560)

(a)

(a) Clarification



A written record of all requests for assistance shall be kept, even though an application form is not signed.

"Requests for assistance" and "Requests for restoration of assistance" may be made orally (in person or by telephone) or in writing.

#### REQUEST FOR ASSISTANCE

A request for assistance is made when an individual acting in behalf of a child indicates that the child is in need and asks for financial assistance. If he lacks sufficient information to specify ANC as the assistance program for which he might qualify, the county shall provide the necessary information.

#### APPLICATION

A request for ANC assistance is considered an application when the Application, Form CA 200, has been completed, signed by the applicant, and filed with the county. (Application, Form CA-200A, from private institutions may be filed directly with the SDSW.)

#### RESTORATION

A request for ANC is considered a request for restoration if assistance for the same child has been discontinued by the same county within the preceding 12 months. (W&IC 1557, 1560).

(a)

#### REQUEST FOR RESTORATION OF ASSISTANCE

A request for restoration of assistance is made when the individual acting in behalf of a child indicates that the child is in need and that the child had previously receive assistance (in the county to which the individual is making his request) which had been discontinued less than twelve months prior to the date of the request for restoration.

#### REQUEST FOR INFORMATION

A request for information is one which is unrelated to a specific request for assistance. It is made without the individual indicating that a specific child is in need. He may only desire to obtain information relative to the assistance programs or points of agency policy. Such requests will usually be made by callers seeking information who are either (1) clearly not presumptive applicants, i.e., the general public, or (2) not willing to identify themselves. Note that a request for information may, in the course of an interview, develop into a request for assistance. (W&IC 1557, 1560)

The Application, Form CA 200, shall be signed by the applicant at the time ~~of the first inquiry (i.e., at the time that the applicant~~ when he first makes known the child's need, unless the child appears to be definitely ineligible under the law, and the applicant believes that the child does not qualify for assistance, and the applicant does not desire to continue with the application.

(a)

If assistance has been denied, or if it has been discontinued for a period of more than 12 months, a new application shall be completed except in any one of the following instances.

1. An application has been denied erroneously within 12 months (i.e., the county had information that the child was eligible but the application was denied because this information was misinterpreted or overlooked, or the application was denied before all reasonable sources of information as to eligibility had been exhausted).
2. Assistance is granted by the SSWB on appeal.
3. Assistance is requested for one or more children for whom assistance had previously been granted but whose assistance has been discontinued for more than one year while other children in the family have continued to receive assistance. In this instance, restoration of assistance may be effected by means of a Notice of Change, Form CA 232.

If ANC is requested for a child for whom no application has previously been made, or whose application has been denied, although other members of the family group are receiving ANC or the county is processing an application for them a new application shall be taken for the additional child.

The application for a child whose assistance is being transferred in accordance with the transfer procedure under W&IC 1527 from one county to another shall, if possible, be signed in the second county prior to the date assistance begins, although assistance shall not be interrupted if such prior signature is not obtained.

The application for a child whose assistance is being transferred under W&IC 1512 (c) shall be secured by the county of application and forwarded to the county of residence at the time transfer procedures are initiated.

Application prior to parole may be made on behalf of a child who is to be paroled from the California Youth Authority. (W&IC 1512, 1560; AGO NS891)



At the time of the application interview or ~~first-inquiry~~, request for assistance, the applicant makes known the child's need for assistance. This is an especially important interview because the impression received by the applicant is carried over to future county relationships. The applicant may not know the exact nature or kind of assistance he is requesting for the child or may have erroneous preconceptions of the ANC program. This interview provides an opportunity for the mutual discussion of the child's needs and the assistance programs for which he may be eligible. (a)

An understanding of the conditions of eligibility and the information necessary to establish eligibility is essential to the applicant. In addition, an understanding of the agency's responsibilities and limitations in carrying out the provisions of the law will help forestall future misunderstandings and make the process of determination of eligibility easier. The county should include an explanation that exploration of the facts concerning eligibility is a joint responsibility of the applicant and the county. There should be a discussion of information the applicant has at hand and agreement reached as to what additional information must be secured and as to whether the county or applicant will secure this information. The county should be careful to avoid placing more responsibility for establishing eligibility upon the applicant than he is able to assume.

The county should explain in the application interview the confidential nature of records regarding the applicant, the relative, or child on whose behalf ANC is requested or paid. Many individuals reveal information under the stress of dire need which they would not otherwise disclose. It may be inimical to the child's interest or to the public interest to have such information disclosed. Protection is provided not only through legal enactment but also by state and county regulations. (W&IC 118, 1560)

Sufficient card controls and files shall be maintained in the county to insure that (1) identification and clearance can readily be made to expedite the processing of applications and to eliminate duplication, and that (2) action is taken when due.

~~Even though an application is not signed, a written record shall be kept of all requests for assistance for a child or for the consideration of the eligibility of a child to receive assistance, on the assumption that such requests may result in application for ANC. The information recorded shall include name and address of applicant, name of child, or children, number in family, date and nature of inquiry, disposition, and if no application is signed, the reason therefor.~~

(a)

A record of requests for assistance for a child shall be filed so as to be readily available for review and shall include the following information:

1. Name and address of the applicant
2. Name of child or children
3. Number in the family
4. Date of the request
5. Nature of the request
6. Disposition of the request
7. If no application is signed, the reason the applicant did not continue with the application

(a)

If a request for assistance is made but the application is not signed, the information secured during the interview should be recorded in a manner which would be helpful in the event of a later application or a complaint.

If an application for ANC is withdrawn, the information secured during the interviews shall be recorded. A copy of the Notice to Applicant Who Withdraws Application, Form DPA 8, shall be retained in the case record unless the withdrawn application is denied by the board of supervisors, in which event Form CA 239 shall be retained in the record.

The county shall maintain a permanent ~~master~~ card file of all persons who have made application for ANC, with the county number assigned to each. a request for assistance, as defined in Sec. C-105. When a request becomes an application, the state number assigned to the application shall appear on the card. ~~Some method of registering such numbers shall likewise be maintained.~~ *or there shall be available a cross reference sheets.*

(a)

Such other card files and controls as may be necessary shall be maintained in connection with:

1. Pending applications
2. Cases in which an application has been signed but assistance has been denied or discontinued or in which the application has been canceled or withdrawn



3. Active cases currently receiving assistance
4. Annual redeterminations of eligibility
5. Transfers of cases to another county or from another county
6. Completion of required period of county residence on non-county cases
7. Other anticipated action, such as discontinuance at the age of 18 years, determination of school status, etc.
8. All requests for assistance even though an application is not signed.

(a)

(W&IC 1560)

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(a) Clarification

The word "parent" means either the mother or the father, natural or adoptive, whether married or unmarried.

Inasmuch as the legal adoption of a child is designed to effect a complete substitution for the natural parents, eligibility of an adopted child shall be based upon the death, incapacity, or absence of the adoptive parents and not on that of the natural parents.

The presence of a stepparent in the home does not disqualify a child who has been deprived of parental support or care, but it may be a factor in establishing need. The stepparent has no legal responsibility for support of stepchildren. However, in a family where there are the natural father, the stepmother, and an "eligible" child or children, and where the stepmother provides adequate substitute mother care, there is not eligibility for ANC because of the death or absence of the natural mother. (See Sec. C-356, Responsibility of Relatives) (a)

The word "child" includes the unborn child if pregnancy has been verified by a physician's oral or written statement.

A child may be deprived of either support or care. The word "support" means financial provision for meeting the needs of the child. The word "care" means the natural affection, supervision, physical care, and guidance necessary to the health and normal growth of the child as a participating member of his community.

The requirement of deprivation of parental support or care shall be considered as an eligibility factor separate from need. Both need and deprivation of parental support or care shall be determined. The parent's death, incapacity, or absence from the home is presumed to deprive a child of parental support or care. A child could be deprived of parental support or care and, because of income, not be in need, or he could be needy but not deprived of parental support or care in accordance with this definition.

Example 1: A child whose parents are deceased but who has income from property sufficient to maintain him in a suitable foster home or with a relative is deprived of both parental support and care, but might not be in need for purposes of ANC. Should the income cease, however, and need be established, the child would qualify for ANC from the standpoint of deprivation of parental support or care even though there was no immediate causal connection between the current need and the death of the parent.

Example 2: A child who is a member of a normal family group and whose parents are unable to meet his needs, due to an emergency such as disaster or widespread unemployment, would not be deprived of parental support or care in accordance with this definition. At no time is the ANC program intended to minimize the parent's responsibility for attending to the needs of his family.

The elapsed period or expected duration of deprivation has no bearing on the determination of eligibility. If the deprivation exists, the eligibility on this point is immediate. There are situations when the parent needs the most understanding treatment if he or she is to be directed towards normal living and

(a) Change in policy.

(Section Continued on Next Page)



satisfactory adjustment to future responsibility. The principle of keeping children in their own homes whenever possible may best be served by providing assistance immediately to avoid the necessity of making major readjustments in the child's living arrangements. The absence, illness, or disability which causes deprivation of parental support or care may be most detrimental to the child at the moment the parent departs, dies, or falls ill, and assistance at this time may help to stabilize the family situation in which the child will live.

When the deprivation no longer exists, the county shall help the members of the family plan to meet their needs before assistance is discontinued. However, financial assistance shall not be continued for more than three monthly payments during the period of adjustment after the deprivation ceases. (W&IC 1560)

C-230 DEFINITION OF DEPRIVATION OF PARENTAL SUPPORT OR CARE BY  
(Rev.) REASON OF DEATH

C-230

A child shall be considered deprived of parental support or care if one or both of his parents are deceased, except that in cases in which the step-mother is providing adequate substitute mother care, there is not eligibility for ANC because of the death of the natural mother. (W&IC 1500)

*natural father, the  
step-mother, and  
child are living  
together*  
(a)

(a) Change in policy.



The county shall determine that either or both parents are dead.

The narrative shall include the applicant's statement of the date and place of death and other pertinent details concerning the circumstances of the death. If the applicant can give definite, clear, and complete information and there is no doubt regarding the situation or if the records of the county provide the information, additional evidence is not required. If the applicant does not have complete or accurate information, or if there appears to be conflicting information, further evidence of death shall be obtained.

Some examples of other acceptable evidence of death are as follows:

1. Records of an insurance company, fraternal order, coroner, hospital, mortuary, or any organization having direct or primary knowledge of the death.
2. Newspaper or obituary notices, if they give the name of the deceased and the date and place of death.
3. Letters, if they are identifiable with the event and give the necessary information.
4. Statement of a witness to the event such as a doctor, nurse, relative, or other person present at the time of the death or who attended burial rites. Such statements may be oral or written and need not be in form of affidavits. The following points shall be included either in the written statement or in the narrative record:
  - a. Name of the deceased and the relationship to the child.
  - b. Date and place of death.
  - c. Relationship of the witness to the decedent or family, such as attending physician, minister, relative, friend, or casual acquaintance.
  - d. Facts showing that knowledge is primary and direct, not hearsay.
5. Death certificate or certified copy of same.
6. Written verification from the Recorder or Bureau of Vital Statistics giving the necessary information.
7. Court finding of presumptive death.

~~If there is a stepmother living in the home with the natural father and the children, the narrative shall include the county's determination as to whether or not she is providing and will continue to provide adequate substitute mother care. The reason for not providing care shall also be included. (W&IC 1560)~~

(a)

*If there is a step-mother, the narrative shall indicate whether or not the family is living together. (W&IC 1560)*

(a) Change in policy.

A child shall be considered deprived of parental support or care if there is continued absence from the home on the part of one or both parents, except ~~that in cases in which the natural father, the step mother, and child are living together, there is not eligibility for ANC because of the absence of the natural mother.~~ (a)

Continued absence from the home implies a clear dissociation of one or both parents from the normal family relationships.

Dissociation from family relationships is not considered to exist if the parent is absent solely for the purpose of looking for work, working in another locality, visiting, or moving to another community. However, it is recognized that the original purpose of the absence may change. Dissociation is not presumed in cases in which a parent is confined in a penal or correctional institution, but because such a parent is unable to return to the family, he is included in the definition of absent parent. Continued absence of a parent from the home exists in the following situations:

1. The parents are divorced or divorce action has been filed and the parents are living separate and apart.
2. The parents are separated, legally or by bona fide agreement.
3. One or both parents have deserted (includes foundlings and abandoned children).
4. The marriage of the parents has been annulled.
5. The parents of the child are not married to each other and are not maintaining a home together.
6. A parent is confined in a penal or correctional institution (including road camps and county jails).

If the parents are maintaining a home together but the child is living elsewhere, whether placed by the parents, by an authoritative agency, or by an agency acting on behalf of the parents, the child shall not be considered to be deprived of parental support or care due to absence of a parent from the home.

For purposes of determining deprivation of parental support or care, legal action against an absent parent or action to locate an absent parent or to establish paternity of a child of unmarried parents is not required. Such actions might result in permanent severance of family relationships with the absent parent rather than strengthening family ties. (See Sec. C-356, Responsibility of Relatives)

Visits of an absent parent to the home to see the child, or his contributions to the support of the child, would not affect eligibility on the basis of deprivation of parental support or care. Contributions made by the absent parent shall be considered as income in determining need.

If an absent parent returns to the home, he may be unable to assume at once his full responsibility for the child's support or care. Discontinuance of assistance immediately might make family readjustments more difficult and create hardships for the child. Assistance shall be continued as long as necessary but not

(Section Continued on Next Page)

(a) Change in policy.



to exceed three monthly payments after the parent's return. During this period the county is expected to help the family work out plans for future management. For example, a father who has been absent from the home because of imprisonment and returns home on parole can no longer be considered to be absent from the home. However, the effect of his absence may continue for a period while the family finds housing adequate for an additional member and makes the move, and while the father finds employment and begins to receive an income to provide support for the family. Assistance in meeting the financial needs and in making family readjustments will strengthen family ties and minimize hardships for the children. In no event shall financial assistance be continued after three monthly payments subsequent to the parent's return, even though need continues. (W&IC 1500, 1560)

The county shall determine that there is continued absence of a parent from the home.

The narrative shall include the applicant's statement of the date absence began, the circumstances surrounding the absence, present whereabouts of the absent parent, and subsequent relationships of the parents to each other and to the child. If the applicant can give definite, clear, and complete information and there is no doubt regarding the situation or if the records of the county provide the information, additional evidence is not required. If the applicant does not have complete or accurate information, or if there appears to be conflicting information, further evidence of absence shall be obtained. This may be in the form of official or unofficial documents, or interviews with other persons having knowledge of the situation. Further information regarding the absent parent may be required for the purpose of establishing need. (See Sec. C-366, Determination of Amount of Contribution from an Absent Parent)

If the absent parent returns to the home, plans for readjustments and discontinuance of assistance should be discussed with the family and available services made known to them.

~~If there is a stepmother living in the home with the natural father and the children, the narrative shall include the county's determination as to whether or not she is providing and will continue to provide adequate substitute mother care. The reason for not providing care shall also be included. (W&IC 1560)~~ (a)

*If there is a step-mother, the narrative shall indicate whether or not the family is living together. (W&IC 1560)*

(a) Change in policy.



A. PERSONS INCLUDED IN THE FAMILY BUDGET UNIT

The family budget unit shall include:

1. The eligible child
2. The ineligible minor children in need
3. The needy parents (including needy stepparent)
4. Other needy person in the home required to act as caretaker of the child.

Exception: If the parent, stepparent, or caretaker is a recipient of OAS, ANB, or APSB, he shall not be included in the family budget unit.

B. COST SCHEDULE

The ANC Cost Schedule shows amounts determined by the SDSW to be necessary for a standard of adequate care at minimum cost. The items are priced regionally to establish the money amounts needed to purchase these items in different parts of the state. The pricings are made semi-annually.

~~The Cost Schedule, Form Gen M45, is issued to counties at regular intervals and shall be used in computing the budget.~~

(a)

~~Alternate 1~~

~~The Cost Schedule, Form Gen M45, will be issued to counties whenever the pricings indicate a difference over the last Cost Schedule. The most recently issued Cost Schedule shall be used by the county in computing budgets.~~

~~Alternate 2~~

~~The Cost Schedule, Form Gen M45, will be issued to counties whenever the pricings indicate a difference of \$2.00 or more over or under the last Cost Schedule. This difference of \$2.00 or more will be determined by the SDSW on a formula basis. The most recently issued Cost Schedule shall be used by the county in computing budgets.~~

(a)

~~Alternate 3~~

~~The Cost Schedule, Form Gen M45, will be issued to counties whenever the pricings indicate a difference of \$2.00 or more over or under the last Cost Schedule except that at least once a year a Cost Schedule will be issued whenever the pricings indicate a difference over the last Cost Schedule. The most recently issued Cost Schedule shall be used by the county in computing budgets.~~

(Section Continued on Next Page)

(a) Change in policy

Allowances for essential goods and services such as food, clothing, household operations, etc., are shown on a monthly basis. The allowances for food, clothing, personal needs, and recreation are based on age and sex groupings. If "as paid" amounts in excess of the allowances shown on the Cost Schedule are included for items such as utilities, they shall be converted to average monthly amounts in computing the budget. Any items paid by the family on other than a monthly basis, such as weekly rent, shall be converted to monthly amounts on the basis of  $4 \frac{1}{3}$  weeks per month.

Portions of this section not relative to changes are omitted from the agenda.



A. CHILDREN ELIGIBLE FOR FEDERAL PARTICIPATION LIVING WITH THEIR OWN FAMILY  
OR WITH RELATIVES

The assistance payment shall be the exact amount, within the limits provided by federal and state laws, by which the total need exceeds the available net income. Assistance needed in excess of the participating maxima may be provided from county funds. (a)

~~If the computation of the budget results in a budget deficiency in an uneven amount, the payment may be adjusted to the next higher whole dollar.~~ (a)

B. CHILDREN INELIGIBLE FOR FEDERAL PARTICIPATION LIVING WITH RELATIVES, IN  
FOSTER HOMES OR IN INSTITUTIONS

The assistance payment for the child living in a foster home, in the home of an ineligible relative, or in an institution shall be the exact amount, within the limits provided by state law, by which the total need exceeds the available net income. Assistance needed in excess of the participating maximum may be provided from county funds. (a)

Exception may be made in the amount of payment for a child in a foster home or institution who has income. In such case, the payment to the foster mother or institution may equal total need and the income may be treated as a repayment.

~~If the computation of the budget results in a budget deficiency in an uneven amount, the payment may be adjusted to the next higher whole dollar.~~ (a)  
(W&IC 1560)

704 IC 103, 103.5, 1560

Charles I. Schottland  
Director

Earl Warren 1511, 1512  
Governor

State of California  
DEPARTMENT OF SOCIAL WELFARE  
616 K Street  
Sacramento 14

in the Office of the Secretary of State  
of the State of California

FILED

SEP 29 1950

DEPARTMENT BULLETIN NO. 435 (Fiscal) (PROPOSED)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

At 4 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By Deputy

Subject: Procedure for Authorization and  
Claiming of Grants to Needy  
Payee Relative--Aid to Needy  
Children

An amendment to Title IV of the Social Security Act (HR 6000) provides that, effective October 1, 1950, federal participation is available in grants for needy payee relatives in the Aid to Needy Children Program. A payee relative for whom federal participation is available is a payee determined to be needy, with whom at least one child eligible to federal participation is living, who is a relative within the degree set forth in Section C-423 of the Aid to Needy Children Manual of Policies and Procedures, and who is not receiving OAS, ANB, or APSB.

Aid to Needy Children payments to relatives eligible to federal participation shall be specifically authorized by action of county boards of supervisors by including the eligible payee relative as a recipient of aid on Forms CA 201, Certificate of Eligibility or CA 232, Notice of Change and in any listing or board letter used as a basis for board action. On Form CA 201 the name of the payee-relative shall be listed and identified as such in Items 4, 9, and 10 in the space provided for names of children; for example, "Mrs. Jane Doe - Payee-Relative." On Form CA 232 the name of the payee-relative shall be listed and identified as such in Section I, Column 1, followed by appropriate entries in columns 2, 3, 4, and 5.

For each payee-relative appearing on Form CA 801, Payroll, the eligible persons count is increased by one, the maximum basis for state participation is increased by \$16.50 and the maximum basis for federal participation is increased by \$27.00. In no event shall the state or federal basis claimed exceed the warrant amount. The following table of maximum reimbursement amounts for children eligible to federal participation living with needy payee relatives will be added to Section C-512 of the Aid to Needy Children Manual:

<u>No. of Children living with needy payee relative</u>	<u>Maximum Participation (Excluding County Supplemental Aid)</u>	<u>Federal Share</u>	<u>State Share</u>	<u>County Share</u>
1	105	33	48	24
2	153	45	72	36
3	201	57	96	48
4	249	69	120	60
5	297	81	144	72



With respect to needy payee-relatives to be added effective 10/1/50 to current authorizations for ANC, and involving no change in the amount of the grant, a list of such needy payee-relatives in state case number order may be substituted for Form CA 232, Notice of Change. If the addition of needy payee-relatives is accomplished by such a list, counties shall record this action in the narrative record or on the most recent Form CA 232 on file. Entries may be made by rubber stamp reading "Payee-relative authorized for payment by action of Board of Supervisors on \_\_\_\_\_."

If the regular claim-payroll (Form CA 801) for the month of October, 1950, has already been prepared without the inclusion of eligible payee-relatives, the list referred to in the preceding paragraph may be submitted as a supplemental payroll to support the increases in eligible persons count, State basis and Federal basis reported on the Aid Affidavit (Form CA 800), provided that:

1. The list is submitted in duplicate;
2. The increase in persons count, State basis and Federal basis is shown for each payee-relative listed.

In view of these provisions it is recommended that Form CA 801 (ANC payroll - revised October 1950) be used for this purpose. (See Department Bulletin 423-C).

Federal participation is available for a payee relative for one family group only. Therefore, a control shall be maintained in the county to assure against duplicate payment and claiming. Whatever the control maintained, it shall assure that participation is claimed for needy payee relatives only, that participation is claimed only once in a given month for a given payee and that such participation shall not be claimed for family groups in which there are no children eligible to federal participation.

Revised payroll forms and procedures will be issued by October 1, 1950, to provide for claiming of such payments to the Department of Social Welfare.

As soon as administratively possible, revisions will be made in affected sections of the Aid to Needy Children Manual, including Sections C-466, C-512 and C-569.

Very sincerely yours,

Charles I. Schottland  
Director

Department Bulletin No. (Fiscal)  
Page 2

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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
September 29, 1950

IN REPLY PLEASE REFER  
TO:

**FILED**

In the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

SEP 29 1950

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by  
the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 359-D (OAS, ANB)  
DEPARTMENT BULLETIN NO. 359-E (OAS, ANB)  
DEPARTMENT BULLETIN NO. 416-C (FISCAL)  
DEPARTMENT BULLETIN NO. 423-A (FISCAL)  
DEPARTMENT BULLETIN NO. 423-B (FISCAL)  
DEPARTMENT BULLETIN NO. 423-C (FISCAL)  
DEPARTMENT BULLETIN NO. 435 (FISCAL)  
DEPARTMENT BULLETIN NO. 436 (ANB, APSB)  
DEPARTMENT BULLETIN NO. 437 (ANB, APSB)  
DEPARTMENT BULLETIN NO. 438 (STATISTICAL)  
DEPARTMENT BULLETIN NO. 439 (STATISTICAL)

These regulations were approved by the State Social Welfare Board  
pursuant to the powers conferred upon it by the Welfare and Institutions Code,  
Sections 103, 103.5, 103.6, 115, 116, 1511, 1512, 1560, 2140, 2020, 3075,  
3083.3, 3084.3, 3084, 3460, and 3471.5 on September 29, 1950.

These regulations are to be effective immediately upon filing with  
the Secretary of State, since this has been found necessary for the immediate  
preservation of the public peace, health and safety or general welfare and that  
notice and public procedure thereon are impracticable, unnecessary or contrary to  
the public interest.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Schattner  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**  
in the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 359-D (OAS, ANB) (PROPOSED)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

SEP 29 1950

At 4 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Subject: OAS and ANB - Determination of  
Aid Payments in Exact Amounts

It is no longer possible to adjust Old Age Security and Aid to Needy Blind grants of recipients whose total need is in excess of the statutory maximum to the next higher whole dollar amount. The amount of aid to be paid shall be the exact difference between the need and the income <sup>considered in determining the grant</sup> except that the grant may not exceed \$75 in Old Age Security or \$85 in Aid to Needy Blind.

Bulletin No. 359, Page 1 (paragraph immediately preceding Section A) is revised as follows:

*and in ANB income from earnings of \$50 or less*  
"The aid payment is determined by subtracting the individual's income and the value of his currently used resources (other than casual income and inconsequential resources) from his need. The aid payment plus the income shall not be less than \$75 in OAS, and \$85 in ANB. When the need is in excess of \$75 in OAS and \$85 in ANB, the amount of the aid payment is determined by subtracting the income from the need, but in no event may the grant exceed \$75 in OAS or \$85 in ANB. The amount of the aid payment plus the income of the individual shall not exceed the total need."

The provisions of this bulletin are effective immediately on all new applications, reapplications, restorations.

For current cases any necessary change shall be made at the time of the next reinvestigation, or when the grant is changed for any reason, whichever date is earlier.

Very sincerely yours,

Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Chautau  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**  
In the Office of the Secretary of State  
of the State of California

SEP 29 1950

DEPARTMENT BULLETIN NO. 359-E (OAS, ANB) (PROPOSED)

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: OAS and ANB -- Determination  
of Assistance Payment -- Utilities

A recent survey on the costs of utilities in different parts of the State indicated the need for revising the amount of money allowed for utilities as a special need as set forth in Bulletin 359 (Section C, Item 3: Definition and Determination of Special Needs). This revision of Item 3 reads as follows:

3. Utilities - Special need exists when (1) the recipient's health is such as to require an abnormal consumption of one or more of the utility items, (2) the housing and/or equipment construction is such that an abnormal consumption occurs, (3) the utilities used include the more expensive items such as butane, crude oil, wood, water when the rate in the community is unusually high, and sewer tax if included in the charge for utilities. When the cost of such utility items used by the recipient under the foregoing circumstances exceeds \$6.30, allowance shall be made for them up to a maximum of \$17.80. (The basic allowance of \$6.30 plus \$11.50 results in a \$17.80 maximum allowance for utilities.)

This revised provision shall become effective immediately.

Very sincerely yours,

Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Scotland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

W41C 103, 103.6, 3075, 2460

**FILED**  
In the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 416-C (FISCAL) (PROPOSED)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

SEP 29 1950  
At 4 o'clock P.  
FRANK M. JORDAN, Secretary of State  
By \_\_\_\_\_ Deputy

Subject: Accountability for Aid  
Payments---ANB, APSB

Effective with the claims for the month of December 1950 to the State Department of Social Welfare, Department Bulletin No. 416 shall apply to Aid to Needy Blind and Aid to Partially Self-supporting Blind Residents claims.

The forms accompanying Department Bulletin No. 416-A apply to claims for Aid to Needy Blind and Aid to Partially Self-supporting Blind Residents.

Very sincerely yours,

Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Chittenden  
(Signature)

Director  
(Title)

9-29-50  
(Date)

CHARLES I. SCHOTTLAND  
Director

103, 103.5, 103.6, 2140,  
3075, 3460  
EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**  
In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P. M.  
FRANK M. JORDAN, Secretary of State  
By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 423-A (FISCAL) (~~PROPOSED~~)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Claiming Procedure  
OAS, ANB and APSB Payments

Effective with the claim for the month of October 1950, payments to Aid to Partially Self-supporting Blind <sup>Recipients</sup> recipients shall be claimed in accordance with the provisions of Sections A and B of Department Bulletin No. 423 (Fiscal).

The claim forms to be used for Old Age Security, Aid to Needy Blind, and Aid to Partially Self-supporting Blind <sup>Recipients</sup> are those specified in that bulletin excepting that the Affidavit and Claim Summary Sheet forms to be used are Ag 800, Bl 800, and AB 802 (revised October 1950). A nominal supply of the new forms (see samples attached) are being sent to all counties.

It is to be noted that APSB payments are to be treated as Non-federal (X) or Non-federal, Non-county (S) as the case may be, since there is no federal participation in the APSB program. On the payroll, Form AB 801, the code may be omitted for all "X" cases as all cases without codes are understood to be Non-federal. Only the "S" cases need to be coded. Form APSB 801 is now obsolete.

Form ABC 820, Reconciliation Statement, revised October 1950 (in triplicate) need not be submitted for ANB and APSB until the December 1950 claims in accordance with Department Bulletin No. 416-C.

Very sincerely yours,

Charles I. Schottland  
Director

Attachments



BLIND AFFIDAVIT

(Indicate whether ANB or APSB)

COUNTY \_\_\_\_\_  
MONTH \_\_\_\_\_, 19\_\_\_\_

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED				FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Persons Eligible to Federal Participation (Form 802, Line 1 Plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 9 Plus 11) B	Total Aid Paid (or Repaid) (Form 802, Line 14) C	Amount Ineligible to Federal Participation (Form 802, Line 10 Plus 12) D	Amount in Excess of Federal Base (Form 802, Line 13) E	Federal Basis Amount (Form 802, Line 4 Plus 8) F			
PERIOD BEGINNING  10/1/48	1. Total Aid Paid in Current Month.  (Form 802, Column D)									
	2. Plus or Minus Repayments & Prior Months' Cancellations and Adjustments (Form 802, Column H)							PARTICIPATING SHARES		
	3. Net Adjusted Aid Claimed (Cols. A thru F from Form 802, Col J)(Cols. G,H,J from Form 802, Line 14, Cols. K,L,M)							FEDERAL G	STATE H	COUNTY J
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid for this Period (Form 803, Schedule of Repayments)									
PERIODS PRIOR TO 10/1/46	5. Repayments of Aid for this Period (Form 803, Schedule of Repayments)									
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for All Periods (Line 3 minus Lines 4 and 5)									

State of California }  
County of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says: That (s)he is the official responsible for the administration of Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents in and for said county; That the aid payments, repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Social Welfare Board.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_.

SIGNATURE OF WELFARE DIRECTOR

\_\_\_\_\_  
Title \_\_\_\_\_

I hereby certify that I am the officer in aforesaid county responsible for the examination and settlement of accounts; That the amounts claimed herein are in accordance with authorizations for Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents made by the Board of Supervisors; That said amounts correctly reflect State and Federal shares in the aid payments claimed and that warrants therefor have been issued according to law.

SIGNATURE OF COUNTY AUDITOR



OLD AGE SECURITY AFFIDAVIT

Forward three signed copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14

COUNTY \_\_\_\_\_  
MONTH \_\_\_\_\_, 19\_\_\_\_

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED				FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Persons Eligible to Federal Participation (Form 802, Line 1 Plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 9 Plus 11) B	Total Aid Paid (or Repaid) (Form 802, Line 14) C	Amount Ineligible to Federal Participation (Form 802, Line 10 Plus 12) D	Amount in Excess of Federal Base (Form 802, Line 13) E	Federal Basis Amount (Form 802, Line 4 Plus 6) F			
PERIOD BEGINNING 10/1/48	1. Total Aid Paid in Current Month.  (Form 802, Column D)									
	2. Plus or Minus Repayments & Prior Months' Cancellations  (Form 802, Column H)							PARTICIPATING SHARES		
	3. Net Adjusted Aid Claimed. (Cols. A thru F from Form 802, Col. J) (Cols. G,H,J from Form 802, Line 14, Cols. K, L, M)							FEDERAL	STATE	COUNTY
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid For this Period (Form 803, Schedule of Repayments)									
PERIODS PRIOR TO 10/1/46	5. Repayments of Aid For this Period (Form 803, Schedule of Repayments)									
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for all Periods (Line 3 minus Lines 4 and 5)									

State of California }  
County of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says: That (s)he is the official responsible for the administration of Old Age Security in and for said county; That the aid payments, repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Social Welfare Board.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_.  
\_\_\_\_\_  
Title \_\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR

I hereby certify that I am the officer in aforesaid county responsible for the examination and settlement of accounts; That the amounts claimed herein are in accordance with authorizations for Old Age Security made by the Board of Supervisors; That said amounts correctly reflect State and Federal shares in the aid payments claimed and that warrants therefor have been issued according to law.

SIGNATURE OF COUNTY AUDITOR



CLAIM SUMMARY SHEET  
Current Formula Period--Beginning October 1, 1948

Program \_\_\_\_\_ County \_\_\_\_\_

Prepared by \_\_\_\_\_ Month \_\_\_\_\_, 195

Forward three copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14

EXPLANATION		TRANSACTIONS AFFECTING CURRENT MONTH				Repayments of Aid Current and Prior Months	PRIOR MONTHS' CANCELLATIONS AND ADJUSTMENTS				PARTICIPATING SHARES		
STATUS	ITEMS	Aid Payrolls Current Month  A	Aid Payrolls Prior Month  B	Current Month Warrants Cancelled  C	Net Total (Col. A+B-C)  D	E	Warrants Cancelled  F	Adjustments  G	Net Total (Col. E + F + or - G) H	Net Totals Current and Prior (Col. D + or - H) J	Federal  K	State  L	County  M
REGULAR (R) CASES	1. No. of Persons										Regular (R) Cases Federal Share: \$5 x 1 J plus $\frac{1}{2}$ of 4J. State Share OAS: $\frac{6}{7}$ of (2J minus 4K). State Share ANB: $\frac{3}{4}$ of (2J minus 4K). County Share OAS: $\frac{1}{7}$ of (2J minus 4K). County Share ANB: $\frac{1}{4}$ of (2J minus 4K).		
	2. Amount Claimed												
	3. Excess of \$50												
	4. Federal Basis (Line 2-3)												
NON-COUNTY (N) CASES	5. No. of Persons										Non-County (N) Cases Federal Share: \$5 x 5J plus $\frac{1}{2}$ of 8J. State Share OAS and ANB: 6J minus 8K.		
	6. Amount Claimed												
	7. Excess of \$50												
	8. Federal Basis (Line 6-7)												
NON-FEDERAL (X) CASES	9. No. of Persons										Non-Federal (X) Cases State Share: OAS $\frac{6}{7}$ , ANB $\frac{3}{4}$ , APSB $\frac{5}{6}$ of 10J. County Share: OAS $\frac{1}{7}$ , ANB $\frac{1}{4}$ , APSB $\frac{1}{6}$ of 10J.		
	10. Amount Claimed												
NON-COUNTY NON-FEDERAL (S) CASES	11. No. of Persons										Non County-Non Federal (S) Cases State Share OAS, ANB, and APSB: 12J.		
	12. Amount Claimed												
13. Total Excess (Sum of Lines 3 and 7)											Total Participating Shares		
											Federal 4K + 8K	State 4L+8L+10L+12L	County 4M + 10M
14. Total Amount Claimed (Sum of Lines 2, 6, 10, & 12)													



Instructions for preparation of Form AB 802, Claim Summary Sheet - OAS, ANB, APSB.

Fill in the name of the program (OAS, ANB or APSB), the county name and month of claim at the top of the form.

- A. Column A includes all warrants issued during the current month for the current month.
- B. Column B includes all warrants issued during the current month for prior months.
- C. Column C includes all cancelled warrants issued during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.
- D. Column D is the sum of Columns A plus B minus C.
- E. Column E includes all repayments received during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.
- F. Column F includes all warrants issued during prior months which have been cancelled during the current month. Show all amounts in this column in red or parenthesis.
- G. Column G includes all adjustments (not including repayments) for items claimed in prior months. Both the amounts changed "from" and "to" are included in this column. Amounts "changed from" (minus adjustments) are shown in red or parenthesis, amounts "changed to" (plus adjustments) are shown in black.
- H. Column H is the sum of Column E plus F plus or minus G. If the net result is minus the amount is shown in red or parenthesis.
- J. Column J is Column D plus or minus Column H. Show any minus amounts in this column in red or parenthesis.

Lines 1 through 14 are completed as follows:

- 1. Enter in Lines 1, 2 and 3 in Columns A through J the number of persons, amounts claimed, and excess amount for all Regular (R) case transactions as applicable to each column. Enter in Line 4 in Columns D, H and J the difference between Lines 2 and 3 in each column and in Columns K, L and M the respective Federal, State and County shares in all Regular payments. The total of Columns K, L and M on Line 4 should equal the amount shown in Column J, Line 2.
- 2. Enter in Line 5, 6, 7 and 8 all transactions affecting Non-County (N) cases in the same manner as explained in paragraph 1. The totals of Columns K and L, Line 8, should equal the amount entered in Column J, Line 6.
- 3. Enter in Lines 9 and 10 all transactions affecting Non-Federal (X) cases, and on Lines 11 and 12 all transactions affecting Non-County Non-Federal (S) cases. The totals in Columns L and M, Line 10, should equal the amount entered in Column J, Line 10. The amount in Column L, Line 12, should equal the amount entered in Column J, Line 12.
- 4. Enter in Line 13, Columns A through J, the totals of Lines 3 and 7. Enter in Line 14, Columns A through J, the totals of Lines 2, 6, 10 and 12.
- 5. Enter in Line 14, Columns K, L and M, the total Federal, State and County shares from Lines 4, 8, 10 and 12. The sum of the amounts in Columns K, L, and M on Line 14 should equal the amount entered in Column J, Line 14.



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Schottland  
(Signature)

Director  
(Title)

9 - 29 - 50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**  
Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 423-B (FISCAL) (PROPOSED)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

SEP 29 1950  
At 4 o'clock P. M.  
FRANK M. JORDAN, Secretary of State  
By \_\_\_\_\_ Deputy

Subject: Claiming Procedures  
ANC Payments

Effective with the claim for the month of October 1950, payments to Aid to Needy Children recipients shall be claimed in accordance with the provisions of Department Bulletin No. 423 (Fiscal), excepting that the following forms in the number of copies indicated shall be submitted with each monthly claim for Aid to Needy Children Voucher claims and ANC-BHI (cash) claims:

Form CA 800, Aid Affidavit, revised October 1950 (in triplicate)

Form CA 801, Voucher Aid Payroll (or contra roll) revised October 1950 (or comparable county form) (in duplicate) or

Form CA 801 BHI, Boarding Home and Institution Payroll (or contra roll) revised October 1950 (or comparable county form) (in duplicate)

Form CA 802, Claim Summary Sheet, revised October 1950 (in triplicate)

Form ABC 803, Schedule of Repayments, revised July 1950 (in duplicate)  
(for prior formula periods only)

Form CA 816, Schedule of Adjustments for Prior Months, October 1950  
(in duplicate)

Form ABC 808, Report of Repayment, revised July 1950 (original only)

Form ABC 820, Reconciliation Statement, revised November 1950 (in triplicate) need not be submitted until the November 1950 claim in accordance with Department Bulletin No. 416-B. Although the same forms are utilized for both, ANC Voucher claims shall be claimed and reconciled separately from ANC-BHI (cash) claims.

A nominal supply of the new forms (those revised October and November 1950) are being sent to all counties.

Very sincerely yours,

Charles I. Schottland  
Director



☐ VOUCHER CLAIM

☐ BHI (CASH) CLAIM

(Indicate Type of Claim)

COUNTY \_\_\_\_\_

Forward three signed copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14

MONTH \_\_\_\_\_, 19\_\_

EXPLANATION		PERSONS COUNT		AMOUNTS CLAIMED				FOR STATE USE ONLY		
Federal Formula Period	Items	No. of Persons Eligible to Federal Participation (Form 802, Line 2 Plus 5) A	No. of Persons Ineligible to Federal Participation (Form 802, Line 8 Plus 10) B	Warrant Amount (Form 802, Line 1) C	State Basis Amount all Cases (Form 802, Line 13) D	State Basis Amount Ineligible to Federal Participation (Form 802, Line 9 Plus 11) E	Federal Basis Amount (Form 802, Line 12) F			
PERIOD BEGINNING 10/1/48	1. Total Aid Paid in Current Month. (Form 802, Column D)									
	2. Plus or Minus Repayments and Prior Months' Cancellations and Adjustments (Form 802, Column H)							PARTICIPATING SHARES		
	3. Net Adjusted Aid Claimed (Cols. A thru F from Form 802, Column J) (Cols. G,H,I, from Form 802, Line 13, Cols. K,L,M)							Federal G	State H	County J
PERIOD 10/1/46 THROUGH 9/30/48	4. Repayments of Aid For This Period. (Form 803, Schedule of Repayments)									
PERIODS PRIOR TO 10/1/46	5. Repayments of Aid For This Period. (Form 803, Schedule of Repayments)									
TOTALS ALL PERIODS	6. Net Adjusted Aid Claimed for all Periods. (Line 3 minus Lines 4 and 5)									

State of California } ss.  
County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says: That (s)he is the official responsible for the administration of Aid to Needy Children in and for said county; that the aid payments, repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Social Welfare Board.

I hereby certify that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Aid to Needy Children made by the board of supervisors; that said amounts correctly reflect State and Federal shares in the aid payments claimed and that warrants therefor have been issued according to law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_.

SIGNATURE OF WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR

\_\_\_\_\_  
Title \_\_\_\_\_



CLAIM SUMMARY SHEET--AID TO NEEDY CHILDREN

☐ Voucher Claim ☐ BHI (Cash) Claim (Indicate which)

COUNTY \_\_\_\_\_

MONTH \_\_\_\_\_

Forward three copies with monthly claim to State Department of Social Welfare, 616 K Street, Sacramento 14.

EXPLANATION		TRANSACTIONS AFFECTING CURRENT MONTH				Repayments of Aid Current and Prior Months	PRIOR MONTH CANCELLATIONS AND ADJUSTMENTS			Net Totals Current and Prior Months (Col. D + or - H)			
STATUS	ITEMS	Aid Payrolls Current Month A	Aid Payrolls Prior Months B	Current Month Warrants Cancelled C	Net Totals (Col. A + B - C) D	E	Warrant Cancellations (Form 801 or 804) F	Adjustments (Form 816) G	Net Totals (Col. E + F + or - G) H	J	Federal K	State L	County M
1. Total Warrant Amount Including County Supplemental													Supplemental (1J minus 13J)
REGULAR (R) CASES	2. No. of Persons										Regular (R) Cases Federal Share: \$3 x 2J plus 1/2 of 4J. State Share: 2/3 of (4J minus 4K). County Share: 1/3 of (4J minus 4K).		
	3. Federal Basis												
	4. State Basis												
NON-COUNTY (N) CASES	5. No. of Persons										Non-County (N) Cases Federal Share: \$3 x 5J plus 1/2 of 6K. State Share: 7J minus 7K.		
	6. Federal Basis												
	7. State Basis												
NON-FEDERAL (X) CASES	8. No. of Persons										Non-Federal (X) Cases State Share: 2/3 of 9J. County Share: 1/3 of 9J.		
	9. State Basis												
NON-COUNTY NON-FEDERAL (S) CASES	10. No. of Persons										Non-County-Non Federal (S) Cases State Share: 11J.		
	11. State Basis												
12. Total Federal Basis (Sum of Lines 3 and 6)											Total Participating Shares Federal (Lines 4 & 7)      State (Lines 4,7,9&11)      County (Lines 1, 4 & 9)		
13. Total State Basis (Sum of Lines 4, 7, 9 and 11)													



Instructions for preparation of Form CA 802, Claim Summary Sheet-Aid to Needy Children.

Indicate by an X in the head of the form whether the form is prepared for an ANC Voucher or an ANC BHI (cash) claim. Indicate also the County name and the month of claim.

- A. Column A includes all warrants issued during the current month for the current month.
- B. Column B includes all warrants issued during the current month for prior months.
- C. Column C includes all cancelled warrants issued during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.
- D. Column D is the sum of Columns A plus B minus C.
- E. Column E includes all repayments received during the current month for both the current and prior months. Show all amounts in this column in red or parenthesis.
- F. Column F includes all warrants issued during prior months which have been cancelled during the current month. Show all amounts in this column in red or parenthesis.
- G. Column G includes all adjustments (not including repayments) for items claimed in prior months. Both the amounts changed "from" and "to" are included in this column. Amounts "changed from" (minus adjustments) are shown in red or parenthesis. Amounts "changed to" (plus adjustments) are shown in black.
- H. Column H is the sum of Column E plus F plus or minus G. If the net result is minus the amount is shown in red or parenthesis.
- J. Column J is Column D plus or minus Column H. Show any minus amounts in this column in red or parenthesis.

Lines 1 through 13 are completed as follows:

- 1. Enter in Line 1 in Columns A through M the warrant amounts including any county supplemental aid as applicable according to each Column heading. The amount in Column M should be the difference between Line 1, Column J and Line 13, Column J.
- 2. Enter in Lines 2, 3, and 4 in Columns A through J the number of persons and the federal and state bases for all Regular (R) case transactions as applicable to each column. Enter on Line 4 Columns K, L, and M the respective federal, state and county shares in all regular payments. The total of Columns K, L, and M on Line 4 should equal the amount shown in Column J Line 4.
- 3. Enter in Lines 5, 6, and 7 all transactions affecting Non-County (N) cases in the same manner as explained in paragraph 2 above. The total of Columns K and L, Line 7 should equal the amount entered in Column J, Line 7.
- 4. Enter in Lines 8 and 9 all transactions affecting Non-Federal (X) cases and on lines 10 and 11 all transactions affecting Non-County-Non-Federal (S) cases. The totals of Columns L and M, Line 9 should equal the amount entered in Column J, Line 9. The amount in Column L, Line 11 should equal the amount entered in Column J, Line 11.
- 5. Enter in Line 12, Columns A through J the totals of Lines 3 and 6. Enter in Line 13, Columns A through J the totals of Lines 4, 7, 9 and 11.
- 6. Enter in Line 13, Columns K, L and M the total Federal, State and County shares from Lines 1, 4, 7, 9 and 11. The sum of the amounts in Columns K, L and M on Line 13 should equal the amount entered in Column J, Line 1.







Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

W4 10 103, 103.5, 1560

**FILED**

In the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 423 C (FISCAL) (PROPOSED)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

SEP 29 1950

At 4 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

Subject: Claiming Procedures -  
ANC Payments

Effective with the October 1950 Voucher claim to the State Department of Social Welfare for payments to Aid to Needy Children, only the names of the payees, in case number order, need be shown on Form Ca 801, Aid Payroll. The family and given names of the children for whom aid is granted may be omitted from the payroll. On claims for children in Boarding Homes and Institutions, the names of the children shall continue to be shown as heretofore. (Form Ca 801 BHI.)

If a county elects to omit the children's names from the voucher aid payroll as provided in the preceding paragraph, it will not be possible to use such payroll as a vehicle for Board of Supervisor authorization of ANC actions. Board action must be explicit with reference to each of the individuals with respect to whom aid is granted, denied, modified or discontinued (See Department Bulletin No. 431). Therefore, where payrolls do not show children's names, board action shall be either on individual documents (Form Ca 201 or Ca 232) or on a listing which includes specifically each child or eligible payee relative for whom action is taken.

Because of payments for needy payee relatives, it is necessary to use a new payroll form, revised as of October 1950, for all claims for October 1950 and subsequent months (see sample attached) or its equivalent in a county form. A nominal supply of the new form is being sent to all counties.

*Insert*

The number of payee relatives eligible to federal participation (See Department Bulletin No. 435, Procedure for Authorization and Claiming of Grants to Needy Families) shall be shown on the voucher. The number of children for whom aid is granted, denied, modified or discontinued, and ineligible, shall be shown in columns 3 a, b and c respectively of the revised payroll form.

Code symbols denoting participation status (excepting for Regular (r) and Non-Federal (N) cases) shall be inserted after the amounts for each item in columns 3A, 3B and 3C as directed in the instructions at the head of the form.

At the foot of each payroll page, the totals for that page shall be entered in the spaces provided. This is necessary so that errors may be localized



and that the correct persons count and amounts be brought forward by participation status to Form Ca 802, Claim Summary Sheet. (See Department Bulletins 423 and 423B.)

Very sincerely yours,

Charles I. Schottland  
Director

(Excluding Aid Paid Under Section 1556.5 of the Welfare and Institutions Code)

County\_\_\_\_\_

Warrants Dated \_\_\_\_\_  
(Except as otherwise shown in Column 7)

\* When using this form as a contra roll for repayments or cancellations report in Col. 7 the month(s) to which each item applies.

(Supplemental warrants covering increases for person already counted on the current payroll or previous months' payrolls not to be included in the total numbers of persons).



Certified as a Regulation (or  
Regulations of the

Dept of Soc. Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 436 (ANB, APSB) (~~PROPOSED~~)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Authorization Procedure  
Aid to Needy Blind and  
Aid to Partially Self-  
Supporting Blind Residents

Pending adoption of amended authorization forms for Aid to Needy Blind and Aid to Partially Self-Supporting Blind Residents, the use of Form Bl 201, Certificate of Verification of Eligibility, and Form Bl 232, Notice of Change, shall be continued for all actions by the Board of Supervisors relating to payments for March 1950 or subsequent months. (For Aid to Needy Blind, payment for months prior to March 1950 shall be continued to be authorized by the welfare director, acting in the capacity of deputy director, State Department of Social Welfare, as outlined in Bulletins 388 D and 388 D Supplement).

Effective November 1, 1950 it will be necessary to record certain additional information on the existing Form Bl 201 and Form Bl 232 in order that the counties' claims for state and federal participation will be accurate.

I Form Bl 201 (New Cases and Reapplications)

On Forms Bl 201 prepared on or after November 1, 1950, the following information shall be recorded.

A. Non County Status

If an applicant does not have residence in the county as of the beginning date of aid, the box in the upper right hand corner of Form Bl 201 shall be checked and the future date on which county participation will begin shall be entered immediately below.

B. Non Federal Status

If for any reason no federal participation is available in the payment authorized for specific months, the specific period for which payment is to be claimed "non-federal" shall be noted on Form Bl 201.



For instance, there is normally no federal participation in retro-active initial payments (payments for months prior to that month in which the board of supervisors grants an application). "Non-federal for months prior to month of Board of Supervisors action," or some other appropriate statement, must be recorded. It is suggested that the available space immediately under Item 16 be used to record the statement regarding non-federal status.

C. APSB Cases

There is also no federal participation in APSB payments. These shall be treated as non-federal or non federal - non county as each case may require.

II Form Bl 232 Notice of Change

On all forms Bl 232 prepared on and after November 1, 1950 the following additional information shall be recorded.

A. Old Rate

When aid is decreased or increased the new rate is always entered in Section I, Column (3). Pending revision of the present Form Bl 232 the amount of the existing authorization for continued payments (old rate) shall be recorded. Likewise when aid is discontinued it will be necessary to record the amount of the grant which is being discontinued.

The available space in Section I, Column (1) shall be used to record the old rate unless the county has printed its own Form Bl 232 and has already made provision for recording the "old rate" elsewhere on the form.

The effective date of an increase recorded in Section I may be a month (s) for which the recipient has already received a payment. If the existing authorization, i.e., the "old rate" as entered on Column (1) was not in effect during all months for which additional payment is being granted it is necessary to record the amount already paid (old rate) for each past month for which retroactive or supplemental payment is to be paid.

The space provided under "Reason for Change" should be used to record this information for past months.

B. Non County Status

If the recipient does not have residence in the county, "non-county" status shall be designated in the space above the state number in the upper right hand corner. Exception: This is not necessary if the county has a central control file on non-county cases which renders such designation unnecessary.

C. Non Federal Status

If for any reason no federal participation is available in the payment authorized for specific months, the specific period for which payment is to be claimed "non-federal" shall be noted under "Reason for Change."

D. APSB Cases

There is also no federal participation in APSB payments. These shall be treated as non-federal or non-federal - non-county as each case may require.

III Determination of Federal Participation Status

Determination as to non-federal status shall be made in accord with the provisions of Manual Section 627-30, Federal Participation, and Section 610-75, Payment to Patients on Leave from State Hospitals. (The latter section specifies that there is no federal participation if the guardian of the estate is an official of the State Department of Mental Hygiene.)

Discontinuance Because of Hospitalization

Recipients who enter a public hospital for medical or surgical care receive aid for two calendar months after date of admission. (See Manual Section 164-10, Eligibility During Hospitalization.) Under certain circumstances federal participation is not available for the second calendar month following the date of admission to a public hospital (see Manual Section 627-30, Hospitalization).

If on a discontinued case federal participation has already been claimed in the payment for the second calendar month, but payment should have been claimed on a non-federal basis, the county shall adjust the payment for that month to a non-federal basis on a subsequent claim.

IV Submission of Individual Case Documents to the State Department of Social Welfare

Individual case documents for Aid to Needy Blind and Aid to Partially Self-Supporting Blind Residents are to be submitted to the State Department of Social Welfare in the same manner as heretofore, excepting that Forms ABC 808, Reports of Repayment, are to be held in the county and submitted in original only with the monthly claim.

V Monthly Claims

Effective for October 1950 ANB and APSB payments are to be claimed as provided in Department Bulletin 423 A - Claiming Procedure - OAS, ANB and APSB Payments.

Very sincerely yours,

Charles I. Schottland  
Director

Department Bulletin No. (ANB, APSB)  
Page 3



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Schoutland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

DEPARTMENT BULLETIN NO. 437 (ANB, APSB) (PROPOSED)

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Exempt Income in ANB and  
Transfers Between ANB and APSB

Public Law No. 734, 81st Congress (HR 6000) amends Title X of the Social Security Act as follows:

"(c) (1) Effective for the period beginning October 1, 1950, and ending June 30, 1952, clause (8) of such subsection is amended to read as follows:

"(8) Provide that the State agencies shall, in determining need, take into consideration any other income and resources of an individual claiming aid to the blind; except that the state agency may, in making such determination, disregard not to exceed \$50 per month of earned income;".

"(2) Effective July 1, 1952, such clause (8) is amended to read as follows:

"(8) Provide that the state agencies shall, in determining need, take into consideration any other income and resources of the individual claiming aid to the blind; except that, in making such determination, the state agency shall disregard the first \$50 per month of earned income;".

Section 3084.3 of the Welfare and Institutions Code provides:

"For the purposes of Section 3084, earnings of an applicant shall not be deemed income or resources of the applicant, and shall not be deducted from the amount of aid to which the applicant would otherwise be entitled.

"This section shall become operative if and when amendments to the Federal Statutes or rules and regulations of the Federal Security Agency take effect permitting this State to give effect to this section without thereby rendering this State ineligible to receive federal grants-in-aid for assistance or aid to the blind of this State."

I. EXEMPT INCOME IN ANB

In accordance with the above provisions of law, and effective October 1, 1950, a recipient of, or applicant for, Aid to Needy Blind may have a net monthly earned income of \$50 without affecting the grant of aid. (See Manual Sec. 153-80, Division of Income with Spouse) This supersedes conflicting provisions in Manual Sec. 150-00 and Department Bulletin No. 359.



### Definition of Net Earned Income

Earned income which is exempt up to and including \$50 a month, is income which is received as a result of the current efforts of the applicant or recipient, i.e., remuneration for employment, self-employment or otherwise, including the cash value of all remuneration paid in any media other than cash.

Net earned income is that amount which remains after obligatory and mandatory deductions have been made and after allowance has been made for the expense incurred incident to the securing and retention of the earned income. Such expenses may include:

1. Personal income withholding taxes
2. Social Security taxes (unemployment insurance, old age and survivor's insurance; etc.)
3. Food--The reasonable cost of lunches or other meals necessarily purchased away from home due to employment
4. Clothing--The cost of purchase of suitable clothing for employment. Although purchase of new clothing may not be necessary, employment may result in increased cost of clothing replacement
5. Laundry and Cleaning Service--The cost of laundry and cleaning service if necessary because of employment
6. Transportation--Cost of transportation incident to employment
7. Union Dues--If union dues are paid
8. Equipment--This may include the cost of tools necessary to the employment

Returns from personal or real property holdings, such as the net income from rental of rooms, from purveying of board and room, from crops or livestock, etc., shall not be considered earned income unless such returns result from an appreciable and continuous effort on the part of the applicant or recipient.

Income and resources, other than earned net income up to and including \$50 a month, shall be taken into consideration in determining the amount of the Aid to Needy Blind grant as heretofore.

## Adjustments

Since Public Law No. 734 refers specifically to "\$50 a month of earned income" the income must be considered in the month it is received regardless of the period over which the income accrued.

In the event of underpayment or overpayment because of a decrease or increase in the amount of earned income over and above the exempt \$50 per month, the grant shall be adjusted as soon as administratively possible. However, in no event may a decrease in the grant to adjust for overpayment be effective later than the second month following that in which the overpayment occurred. Any required adjustment shall take into consideration the income and total need during the month or months in which the excess income was received.

Earned income shall not be averaged but the exact amount of net income received from earnings each month must be taken into consideration.

## II. EXEMPT INCOME AND SPECIAL NEEDS IN ANB

In those instances where there is income (other than monthly net earned income not in excess of \$50), including the value of currently used resources, there shall be recording in the case record concerning discussion with the recipient as to any special needs he may have and the amount required to meet such special needs; also the determination with regard to the establishment of need in excess of basic continuing needs. Where the only income is exempt earned income, no discussion with the recipient in regard to any special needs he may have is required. Exempt income (net earned income up to and including \$50 a month) shall not be considered in any way in computing total need.

Example A: An ANB recipient has exempt income from earnings of \$40 a month. In addition, he has life insurance payment of \$10 a month. Discussion with the recipient reveals that he has a special need for a telephone in the amount of \$4.00 a month. The recipient receives a grant of \$79.

Example B: An ANB applicant has earned income of \$80 a month. In addition he receives \$20 a month from a son. Discussion with the applicant reveals he has special needs for housekeeping service and a telephone which total \$50 a month. Since \$50 of the earned income is exempt from all consideration, the applicant actually has \$50 (\$30 plus \$20 from the son) non-exempt income with which to meet his needs. Therefore, special need is established and the applicant is eligible to the

Example C: An ANB recipient has earned income of \$80 a month. In addition he receives \$20 a month from a son. Discussion with the recipient reveals he has special needs for medical and housekeeping services which total \$70 a month. Since \$50 of the earned income is exempt from all consideration, recipient actually has \$50 (\$30 plus \$20 from the son) of non-exempt income with which to partly meet his needs. While special needs of \$70 are established, there is only \$50 of non-exempt income to be applied toward meeting these special needs, leaving an unmet need of \$20. The recipient receives the maximum grant of \$85.



a recipient is not eligible for ANB for a period of one year from the date of application for APSB. It is not necessary for the county to complete a new application or certificate of eligibility when a transfer from one chapter of Aid to the Blind to the other is effected.

It should be noted that, in order to be eligible for APSB, the applicant or recipient must have a reasonably adequate plan for self-support and must be making a sincere and sustained effort to carry out that plan. Since both programs of Aid to the Blind (ANB and APSB) now contain exempt income provisions, a more flexible transfer procedure between the two programs is desirable. The statute imposes a duty upon the county to determine at least annually whether a recipient of APSB shall continue to receive aid under that program or shall receive ANB; likewise, the ANB law provides that at least annually the county shall determine whether the person is eligible for APSB or should continue to receive ANB.

A recipient of APSB shall be transferred to ANB if the county is not satisfied that he has an adequate plan for self-support or is not making a sufficiently sincere and sustained effort toward self-support. Similarly, an ANB recipient shall be transferred to APSB if he meets the eligibility requirements therefor, and provided he requests the transfer either orally or in writing. (See Manual Section 351-57, Transfer Procedure from ANB to APSB, or Vice Versa.)

The primary purpose of APSB is to encourage blind persons to achieve eventual self-support. In judging the adequacy of a plan for self-support, however, the amount of the net earnings is only one factor to be taken into consideration. The essential adequacy of the plan and, even more importantly, the sincerity of effort of the individual in attempting to achieve self-support are basic factors to be considered.

If the amount of earned net income over a period of time is such as to give rise to a reasonable doubt as to the adequacy of that particular plan for that particular individual, the county should evaluate, with the full participation of the applicant or recipient, his plan for self-support, giving consideration to his ability and aptitude for the chosen plan and its economic possibility for future self-support. While no time can be set during which a blind person is expected to achieve self-support, the worker should give full weight to the applicant's or recipient's estimate of the chances of eventual success under the plan since the individual's emotional drive is an all important factor in future success.

A recipient can change his plan for self-support at any time; therefore, when his effort seems to be ineffectual or the plan appears inadequate, the worker can render a genuine service by re-exploring the entire situation with the recipient. Where the amount of earnings inherent in the plan appears unlikely to be developed eventually to the level of self-support, such a plan would be open to question as to its adequacy.

Regular attendance at an institution of higher learning is an adequate plan for self-support in the Aid to Partially Self-supporting Blind Residents program. The statute makes an exception to the requirement of ten years' residence in this state for those persons who became blind while not residents of California.

Such blind persons who matriculate at an institution of higher learning in this state, to work for a degree or certificate, are eligible for APSB if they have been residents of California for five out of the last nine years, one year of which must immediately precede the date of application. Such persons who request APSB and are otherwise eligible shall receive aid under that program.

Very sincerely yours,

Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**  
in the Office of the Secretary of State  
of the State of California

SEP 29 1950

DEPARTMENT BULLETIN NO. 438 (STATISTICAL) (~~PROPOSED~~)

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Monthly Statistical Reports on Old Age Security (Form Ag 237), Aid to Needy Blind (Form Bl 237) and Aid to Partially Self-supporting Blind Residents (Form APSB 237)

The monthly statistical report forms for Old Age Security, Aid to Needy Blind and Aid to Partially Self-supporting Blind residents have been revised effective with the reports covering the month of October 1950.

The major change in the revised Forms Ag 237, Bl 237, and APSB 237 is the addition of a section (Part A) for the reporting of "Requests for Aid." These may be made orally (in person or by telephone) or in writing, but exclude requests for information only. These categories are defined as follows:

- a. Request for aid: The individual indicates that he is in need and asks for financial assistance.
- b. Request for information: This is unrelated to a specific request for aid, and is made without the individual indicating that he is in need. He may only desire to obtain information relative to the assistance programs or points of agency policy. Such requests will usually be made by callers requesting information who are either (1) clearly not presumptive applicants, i.e., the general public, or (2) not willing to identify themselves.

Separate columns are provided in Part B for reporting transfers from other counties and other applications. Revised instructions and sample forms are attached to this bulletin. A supply of revised report forms is being mailed under separate cover.

Department Bulletin Nos. 339, 339-A, 339-C, and 339-D are hereby superseded. Instructions contained in Manual Sections 541-00 through 563-20 are canceled in so far as they relate to APSB, but remain fully effective as they relate to ANC.

Very sincerely yours,

Charles I. Schottland  
Director

Attachments



INSTRUCTIONS FOR COMPLETION OF MONTHLY  
STATISTICAL REPORTS ON OLD AGE SECURITY - FORM AG 237;  
AID TO NEEDY BLIND - FORM BL 237; AND AID TO PARTIALLY SELF-SUPPORTING  
BLIND RESIDENTS - FORM APSB 237  
Revised September 1950

General:

Monthly Statistical Reports on Old Age Security (Form Ag 237, Revised September 1950) Aid to Needy Blind (Form Bl 237, Revised September 1950) and Aid to Partially Self-supporting Blind Residents (Form APSB 237, Revised September 1950) shall be submitted to the Bureau of Research and Statistics, State Department of Social Welfare, Sacramento, by all counties each month. Reports are due not later than the 8th of the month following the month covered by the report. A copy of the report should be retained by the county. The September 1950 revision of Forms Ag 237, Bl 237, and APSB 237 shall be used in preparing the report covering the month of October 1950 and thereafter.

The report is divided into four parts as follows:

- A. Requests for Aid: Exclude requests for restoration of aid and requests for inter-county transfers.
- B. Signed Applications: Restorations excluded from this section; separate columns for Transfers from Other Counties and Other Applications.
- C. Cases
- D. Obligations Incurred

Application disposals (Items 9, 9a, 9b, 9c, 12a, and 12b), restorations (Item 12c), and discontinuances (Items 14b and 14c on Form Ag 237; Items 14c and 14d on Forms Bl 237 and APSB 237) shall be reported for the month when such action was taken by the Board of Supervisors, rather than for the month in which the action becomes effective (if these months differ). Exceptions: Transfers in (Item 9a-Col. 1 and 12d) and out (Item 14a) shall be reported for the month in which the transfer is effective. Automatic Restorations (included in Item 12c) also shall be reported for the month in which the restoration is effective.

Note: Inter-county transfers are to be reported only in Parts B and C.

Part A - Requests for Aid

This section includes all requests for OAS, ANB, or APSB (except requests for restoration and requests for transfer to or from another county) whether made orally or in writing. Requests for information only are not to be reported as requests for aid. Include individuals requesting aid during the month, either for the first time or following prior requests in previous months. Count only the first request if two or more requests are made during the month by the same individual. If the request is made and the application signed during the first contact with the individual, or during the same month, it should be reported in Section A, as a request, as well as in Section B, as an application. (Note that restorations of aid are to be reported only in Item 12c in Part C).

*Telephone requests shall be included only when the individual specifies the assistance program for which he wishes to apply.*

- Item 1. Pending from Preceding Month - Enter the number of requests for aid brought forward from last month. If Item 5 of the previous month's report is found to be in error, the correct figures shall be shown in Item 1 and an explanation of the correction shall be made on the reverse side of the report form.
- Item 2. Received During Month - Enter the number of requests for aid received during the month. Do not report requests for restoration of aid or requests for inter-county transfer in Part A.
- Item 3. Total During Month - Enter the sum of Items 1 and 2.
- Item 4. Disposed of During Month - Enter the sum of Items 4a and 4b.
- Item 4a. Applications Signed - Enter the number of applications signed during the month. This is the same as Item 7, Column 2.
- Item 4b. Requests Otherwise Disposed of - Enter the number of requests for aid which have not been approved and are not pending, i.e., have been withdrawn or canceled, with or without formal action by the board of supervisors. Requests are to be reported as canceled after 30 days from date received if no further action has occurred since the request was received.
- Item 5. Pending at End of Month - Enter the number of requests for aid which are still awaiting action at the end of the month.

#### Part B - Signed Applications

This section is designed to report the movement of signed applications. Use Column 1 for reporting on all transfers from another county for which a Form Ag-B1 200 or Ag 200B has been signed by the applicant or his authorized representative. Make entries for all other applications in Column 2.

- Item 6. Pending from Preceding Month - Enter the number of applications previously received which had not been disposed of by the end of the preceding month. This entry should agree with Item 10 of the previous month's report. If Item 10, either Col. 1 or Col. 2, of the previous month's report is found to be in error, the correct figure shall be shown in Item 6 and an explanation of the correction shall be made on the reverse side of the report form.
- Item 7. Received During Month - Enter the number of applications (Forms Ag-B1 200 or Ag 200B) which have been signed during the month. To avoid duplication, exclude applications (Form Ag-B1 200) subsequently signed by applicant if Form Ag 200B has already been included in the application count.
- Item 7a. New Applications - These include:

- (1) Applications signed by persons (or their authorized representatives) who have never previously applied for this aid in the county.



- (2) Reapplications signed by persons (or their authorized representatives) never previously on this aid who have previously applied but withdrew their applications or whose applications had been denied or canceled.

Item 7b. Reapplications (Previously on this Aid) - Enter the number of applications signed by the applicant (Form Ag-B1 200) or his authorized representative (Form Ag 200B) seeking reinstatement of aid which was terminated 12 months or more prior to date of reapplication.

Item 8. Total During Month - Enter the sum of Items 6 and 7.

Item 9. Disposed of During the Month - Enter the total of Items 9a, 9b, and 9c.

Item 9a. Granted - Enter the number of inter-county transfers becoming effective during the month, and other applications approved by action of the board of supervisors during the month. Item 9a, Column 1, must equal Item 12d, and Item 9a, Column 2, must equal the sum of Items 12a and 12b. (Item 9a does not include restorations approved).

Item 9b. Denied - Enter the number of applications denied by action of the board of supervisors during the month.

Item 9c. Withdrawn or Canceled - Enter the number of applications withdrawn by the applicant during the month or canceled because the applicants have died.

Item 10. Pending at End of Month - Enter the number of applications on file on the last day of the month which had not been disposed of (i.e., approved, denied, withdrawn or canceled.) This item is the sum of Items 10a and 10b.

Item 10a. Pending less than 3 calendar months.

Item 10b. Pending 3 calendar months or more.

Example: An application signed on August 3 (or any date after the first) and not disposed of during the month would be reported in Item 10a in the statistical reports for August, September (the first complete month pending) and October (the second complete month pending). In the report for November and subsequent months, the applications would be reported in Item 10b (if still pending) since three full calendar months (September, October, and November) would have elapsed since the application was signed.

#### Part C - Cases

Item 11. Continued from Preceding Month - Enter the number of active cases brought forward from the preceding month. This entry should agree with Item 15 of the preceding month's report. If Item 15 of the preceding month's report is found to be in error, the correct figure shall be shown in Item 11 and an explanation of the difference shall be made on the reverse side of the report form.

- Item 12. Granted During Month - Enter the total of Items 12a through 12d. (12a through 12e on Forms Bl-APSB 237).
- Item 12a. New applications - Enter the number of applications approved by action of the board of supervisors during the month. (See definitions in paragraphs (1) and (2) under Item 7a, above).
- Item 12b. Reapplications (Previously on this aid) - Enter the number of reapplications approved by action of the board of supervisors during the month. (See definition under Item 7b, above).
- Item 12c. Restorations Granted - Enter the number of cases restored by action of the board of supervisors on Notice of Change (Ag-B1 232) during the month. Report restorations in the month in which action was taken (except in the case of automatic restorations). Include automatic restorations effective this month.
- Item 12d. Transfers from Another County - Enter the number of cases transferred from another county during the month. Transfers shall be reported for the month in which the first payment is released by the county to which recipient has transferred. This should be the same as Item 9a, Column 1.
- Item 12e. (ANB and APSB only.) Transfers from ANB (APSB) - Enter the number of transfers from the other blind program approved by the board of supervisors on Form Bl 232.
- Item 13. Total Active During Month - Enter the sum of Items 11 and 12. This item is also the sum of Items 13a and 13b.
- Item 13a. Received Assistance - Enter the number of persons who received warrants during the month for this month. Exclude cases who did not receive aid because their warrants for the month were not written or were canceled, "held", or suspended.
- Item 13b. Did Not Receive Assistance - Enter <sup>per to the month covered by the report</sup> the number of persons whose aid had not been formally discontinued but who did not receive warrants during the month. Include cases for whom warrants were not written or were canceled, "held", or suspended.
- Item 14. Discontinued During Month - Enter the sum of Items 14a through 14c (Items 14a through 14d on Forms Bl-APSB 237).
- Item 14a. Transferred to Another County - Enter the number of cases transferred to another county. Transfers shall be reported for the month in which the last payment was made by the county from which recipient has transferred.
- Item 14b. (ANB and APSB only) Transfers to APSB (ANB) - Enter the number of transfers to the other blind program approved by the board of supervisors on Form Bl 232.
- Item 14b. (Item 14c on Forms Bl-APSB 237) Discontinued Because of Death - Enter the number of cases discontinued because of death of the recipient.



Item 14c. (Item 14d on Forms Bl-APSB 237) All Other Discontinuances (Exclude inter-county transfers, discontinuances because of death, and inter-program transfers in ANB and APSB) - Enter the number of other cases on which action was taken to discontinue aid during the month. The date the discontinuance (Form Ag-Bl 232) was acted upon by the board of supervisors is the date of official action.

Item 15. Continued to Next Month - Enter the number of cases which, on the last day of the month, have not been formally discontinued. This entry equals Item 13 minus Item 14.

Part D - Obligations Incurred

This section is designed to report the amount of aid paid to recipients during the month for this month by source of funds. Exclude current warrants which were canceled, "held", or suspended. Any assistance from county General Relief funds to OAS, ANB or APSB recipients shall be excluded from the Ag-Bl-APSB 237 reports. (Such assistance is reported in Section D on Form GR 237).

Item 16. Total Obligations - Enter the total amounts of aid paid for the month being reported.

Item 16a. Federal Share - Enter the amounts of OAS or ANB reported in Item 16 to be paid from federal funds. (There is no federal participation in APSB.)

Item 16b. (Item 16a on Form APSB 237) State share - Enter the amount of OAS, ANB or APSB reported in Item 16 to be paid from state funds.

Item 16c. (Item 16b on Form APSB 237) County share - Enter the amount of OAS, ANB or APSB reported in Item 16 to be paid from county funds.

## MONTHLY STATISTICAL REPORT ON OLD AGE SECURITY

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

## PART A - REQUESTS FOR AID:

1. Pending from Preceding Month (Item 5 last month).....
2. Received During Month.....
3. Total During Month (Item 1 plus 2).....
4. Disposed of During Month (Item 4a plus 4b).....
  - a. Applications signed (Same as Item 7 Col. 2).....
  - b. Requests Otherwise Disposed of.....
5. Pending at End of Month (Item 3 minus Item 4).....

## PART B - SIGNED APPLICATIONS:

Transfers in

Other Applications

6. Pending from Preceding Month (Item 10 last month)..... \*
7. Received During Month (Item 7a plus 7b).....
  - a. New applications.....
  - b. Reapplications (Previously on this aid)..... XXXXXXXXXXXXXXXXXXXX
8. Total During Month (Item 6 plus 7).....
9. Disposed of During Month (Sum of Items 9a, 9b, and 9c).....
  - a. Granted (Col. 1 same as Item 12d; Col. 2 same as Item 12a plus 12b.).....
  - b. Denied.....
  - c. Withdrawn or Canceled.....
10. Pending at End of Month (Item 8 minus 9; Item 10a plus 10b; Item 6 next month).....
  - a. Pending Less Than 3 Calendar Months.....
  - b. Pending 3 Calendar Months or More.....

## PART C - CASES:

11. Continued from Preceding Month (Item 15 last month).....
12. Granted During Month (Sum of Items 12a through 12 d).....
  - a. New Applications.....
  - b. Reapplications (previously on this aid).....
  - c. Restorations Granted.....
  - d. Transfers from Another County (Same as Item 9a, Col. 1).....
13. Total Active During Month (Item 11 plus 12; also Item 13a plus 13b).....
  - a. Received Assistance.....
  - b. Did not Receive Assistance.....
14. Discontinued During Month (Sum of Items 14a, 14b, and 14c).....
  - a. Transferred to Another County.....
  - b. Discontinued Because of Death.....
  - c. All Other Discontinuances.....
15. Continued to Next Month (Item 13 minus 14; Item 11 next month).....

## PART D - OBLIGATIONS INCURRED:

16. Total Obligations (Sum of Items 16a, 16b, and 16c)..... \$ \_\_\_\_\_
  - a. Federal Share..... \$ \_\_\_\_\_
  - b. State Share..... \$ \_\_\_\_\_
  - c. County Share..... \$ \_\_\_\_\_

\* Adjust Item 6 to include or exclude pending applications received from or forwarded to other counties because of change of address prior to action on the application. Do not include Transfers of Cases Reported under Items 12d and 14a.

(Signature of Reporting Officer) \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_



## MONTHLY STATISTICAL REPORT ON AID TO NEEDY BLIND

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

## PART A - REQUESTS FOR AID:

1. Pending From Preceding Month (Item 5 last month).....
2. Received During Month.....
3. Total During Month (Item 1 plus 2).....
4. Disposed of During Month (Item 4a plus 4b).....
  - a. Applications signed (Same as Item 7 Col. 2).....
  - b. Requests Otherwise Disposed of.....
5. Pending at End of Month (Item 3 minus Item 4).....

## PART B - APPLICATIONS SIGNED:

Transfers in

Other Applications\*

6. Pending from Preceding Month (Item 10 last month).....
7. Received During Month (Item 7a plus 7b).....
  - a. New Applications.....
  - b. Reapplications (Previously on this aid)..... XXXXXXXXXXXXXXXX
8. Total During Month (Item 6 plus 7).....
9. Disposed of During Month (Sum of Items 9a, 9b, and 9c).....
  - a. Granted (Col. 1 same as Item 12d; Col. 2 same as 12a plus 12b) .....
  - b. Denied.....
  - c. Withdrawn or Canceled.....
10. Pending at End of Month (Item 8 minus 9; Item 10a plus 10b;  
Item 6 next month).....
  - a. Pending Less Than 3 Calendar Months.....
  - b. Pending 3 Calendar Months or More.....

## PART C - CASES:

11. Continued from Preceding Month (Item 15 last Month).....
12. Granted During Month (Sum of Items 12a through 12e).....
  - a. New Applications.....
  - b. Reapplications (Previously on this aid).....
  - c. Restorations Granted.....
  - d. Transfers from Another County (Same as Item 9a, Col. 1).....
  - e. Transfers from APSB.....
13. Total Active During Month (Item 11 plus 12; also Item 13a plus 13b).....
  - a. Received Assistance.....
  - b. Did not Receive Assistance.....
14. Discontinued During Month (Sum of Items 14a through 14d).....
  - a. Transferred to Another County.....
  - b. Transfers to APSB.....
  - c. Discontinued Because of Death.....
  - d. All Other Discontinuances.....
15. Continued to Next Month (Item 13 minus 14; Item 11 next month).....

## PART D - OBLIGATIONS INCURRED:

16. Total Obligations (Sum of Items 16a, 16b, and 16c)..... \$ .....
- a. Federal Share..... \$ .....
- b. State Share..... \$ .....
- c. County Share..... \$ .....

\* Adjust Item 6 to include or exclude pending applications received from, or forwarded to, other counties because of change of address prior to action on the application. Do not include transfers of cases reported under Items 12d and 14a.

(Signature of Reporting Officer) \_\_\_\_\_

Date \_\_\_\_\_

19 \_\_\_\_\_



## MONTHLY STATISTICAL REPORT ON AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

## PART A - REQUESTS FOR AID:

1. Pending from Preceding Month (Item 5 Last Month).....
2. Received During Month.....
3. Total During Month (Item 1 Plus 2).....
4. Disposed of During Month (Item 4a plus 4b).....
  - a. Applications Signed (Same as Item 7, Col. 2).....
  - b. Requests Otherwise Disposed of.....
5. Pending at End of Month (Item 3 Minus Item 4).....

## PART B - SIGNED APPLICATIONS

## TRANSFERS IN

## OTHER APPLICATIONS

6. Pending from Preceding Month (Item 10 Last Month)..... \*
7. Received During Month (Item 7a plus 7b).....
  - a. New Applications.....
  - b. Reapplications (Previously on this Aid)..... XXXXXXXXXXXXXXXXXXXX
8. Total During Month (Item 6 plus 7).....
9. Disposed of During Month (Sum of Items 9a, 9b, and 9c).....
  - a. Granted (Col. 1 same as Item 12d; Col. 2 same as Item 12a plus 12b).....
  - b. Denied.....
  - c. Withdrawn or Canceled.....
10. Pending at End of Month (Item 8 minus 9; Item 10a plus 10b; Item 6 Next Month).....
  - a. Pending Less Than 3 Calendar Months.....
  - b. Pending 3 Calendar Months or More.....

## PART C - CASES:

11. Continued From Preceding Month (Item 15 Last Month).....
12. Granted During Month (Sum of Items 12a through 12e).....
  - a. New Applications.....
  - b. Reapplications (Previously on this Aid).....
  - c. Restorations Granted.....
  - d. Transfers from Another County (Same as Item 9a, Col. 1).....
  - e. Transfers from ANB.....
13. Total Active During Month (Item 11 Plus 12; Also Item 13a plus 13b).....
  - a. Received Assistance.....
  - b. Did Not Receive Assistance.....
14. Discontinued During Month (Sum of Items 14a through 14d).....
  - a. Transferred to Another County.....
  - b. Transfers to ANB.....
  - c. Discontinued Because of Death.....
  - d. All Other Discontinuances.....
15. Continued to Next Month (Item 13 Minus 14; Item 11 Next Month).....

## PART D - OBLIGATIONS INCURRED:

16. Total Obligations (Item 16a plus 16b)..... \$ \_\_\_\_\_
  - a. State Share..... \$ \_\_\_\_\_
  - b. County Share..... \$ \_\_\_\_\_

\* Adjust Item 6 to include or exclude pending applications received from, or forwarded to, other counties because of change of residence prior to action on the application. Do not include transfers of cases reported under Items 12d and 14a.

(SIGNATURE OF REPORTING OFFICER) \_\_\_\_\_ (DATE) \_\_\_\_\_ 19 \_\_\_\_\_



MAIN OFFICE  
SACRAMENTO  
616 K STREET  
14

LOS ANGELES OFFICE  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
September 29, 1950

IN REPLY PLEASE REFER

**FILED** TO:

In the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

SEP 29 1950

At 4 o'clock P.  
FRANK M. JORDAN, Secretary of State  
By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 429-A (ANC) (Dated September 6, 1950)  
DEPARTMENT BULLETIN NO. 430 (3 Aids) (Dated August 28, 1950)  
DEPARTMENT BULLETIN NO. 430-A (3 Aids) (Dated September 5, 1950)  
DEPARTMENT BULLETIN NO. 430-B (3 Aids) (Dated September 7, 1950)  
DEPARTMENT BULLETIN NO. 430-C (Dated September 18, 1950)  
DEPARTMENT BULLETIN NO. 430-D (3 Aids) (Dated September 19, 1950)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 103.6, 115, 1560, 2140, 3075 and 3460 on September 29, 1950.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schoultz  
(Signature)

Director  
(Title)

9-29-50  
(Date)



Certified as a Regulation (or  
Regulations) of the

Dep't of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
August 28, 1950

FILED

in the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 430 (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Old Age and Survivors' Insurance  
OAS, ANB, APSB and ANC

The Federal Social Security Act as it relates to Old Age and Survivors' Insurance has been revised by the adoption of HR 6000. The Old Age and Survivors' Insurance benefit checks received on or shortly after October 1, 1950, will be in an increased amount as provided under the new law. Also, many persons now receiving public assistance and who have not previously qualified for Old Age and Survivors' Insurance payments will become eligible.

The Social Security Administration has advised that managers of the field offices of Old Age and Survivors' Insurance will be available upon the request of local public welfare agencies to arrange meetings with staff and explain the changes in the Old Age and Survivors' Insurance program and to answer any questions about the type of cases which should be referred to the local offices.

I. RECIPIENTS CURRENTLY RECEIVING OLD AGE AND SURVIVORS' INSURANCE PAYMENTS

Any necessary adjustment in the public assistance grant of persons who are also receiving Old Age and Survivors' Insurance payments shall be made effective October 1, 1950. "Conversion" tables have been prepared by the Bureau of Old Age and Survivors' Insurance and will be received shortly. As soon as these are available county welfare departments will be furnished with copies of them. By the use of these tables the new benefit amount for those currently receiving Old Age and Survivors' Insurance payments can be determined. It will not be necessary to contact local Old Age and Survivors' Insurance field offices to learn the amount of the increase in the Old Age and Survivors' Insurance payment.

As a preliminary step all cases in which Old Age and Survivors' Insurance payment is received should be identified immediately so that any necessary adjustment in the public assistance grant can be determined as soon as the conversion tables are received. It will also be necessary to identify those Old Age Security and Aid to Needy Blind cases in which only one of a couple is receiving Old Age and Survivors' Insurance and an allocation of that amount is being made to a spouse who is ineligible to receive Old Age and Survivors' Insurance benefits (or whose claim for Old Age and Survivors' Insurance has been filed but an award has not yet been made - see Manual Section 153-80). In such cases the new amount of the Old Age and Survivors' Insurance payment to the person receiving the benefit shall be determined. The allocation to each spouse shall then be determined on the basis of that figure.



II. CURRENT RECIPIENTS WHO ARE NOT RECEIVING OLD AGE AND SURVIVORS' INSURANCE BUT WHO MAY NOW BE ELIGIBLE FOR BENEFITS

Many persons on current public assistance rolls were previously ineligible to receive Old Age and Survivors' Insurance because they had less than forty quarters of qualifying employment. Such persons will now be eligible if they have had as much as six quarters of qualifying employment as defined under the old law. It is therefore necessary to review the employment history of current recipients who have social security numbers, but who are not now receiving Old Age and Survivors' Insurance benefits, in order to determine if they appear to be potentially eligible for benefits under the new law. These potential eligibles will fall into three classes:

1. Those who previously filed a claim for Old Age and Survivors' Insurance which was rejected.
2. Those who have recently filed a claim on which action is pending.
3. Those who have never filed a claim.

For the present those recipients who appear to be potentially eligible to receive Old Age and Survivors' Insurance benefits are not to be instructed to call at the local Old Age and Survivors' Insurance field offices to inquire about their eligibility.

The Bureau of Old Age and Survivors' Insurance has announced a plan whereby the names of potentially eligible persons on current public assistance rolls can be called to the attention of the local field office by the welfare department. If claims have been filed by recipients determined by the welfare department to be potentially eligible for Old Age and Survivors' Insurance the local field office will notify the welfare department of the action on those claims.

According to information received through the Social Security Administration the following procedure for bringing the names of potentially eligible recipients to the attention of the local Old Age and Survivors' Insurance field offices applies only to persons 65 years of age or over who received aid in August 1950. Further it applies only to recipients who have a social security account number and whose employment history indicates that they have acquired six quarters of coverage (in qualifying employment as defined under the old law). Report such persons to the local Old Age and Survivors' Insurance field office by use of Form DPA 1 as follows:

1. Prepare Form DPA 1 in quadruplicate (if the social security account number is not available substitute the birth date as given by the recipient).
2. Forward three copies of the Form DPA 1 to the nearest local Old Age and Survivors' Insurance field office.

If a claim has already been filed and settled one copy of the Form DPA 1 will be returned by the Old Age and Survivors' Insurance field office to the welfare department with appropriate data noted thereon. If a claim has been filed but action thereon is pending the county will be notified to that effect. As soon as the pending claim is settled the Bureau of Old Age and Survivors' Insurance will return the second copy of the Form DPA 1 to the welfare department notifying them of that action.

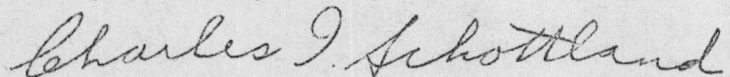
(If some different method of referral to the local Old Age and Survivors' Insurance field office has jointly been agreed upon by the field office and the local welfare department, such plan may be followed in lieu of use of the Form DPA 1 procedure provided the mutually agreed upon plan will accomplish the same results.)

Note that the foregoing procedure for calling potentially eligible persons to the attention of the Old Age and Survivors' Insurance field office applies only to those persons 65 years of age or over who were in receipt of aid in August 1950. Information has not as yet been received relative to referral of persons under the age of 65 who appear to be potentially eligible to receive payments on the basis of earnings of a deceased wage earner. (Such information will be transmitted to the counties as soon as available.)

### III. NEW APPLICATIONS

If new applicants appear to be eligible to receive Old Age and Survivors' Insurance benefits such persons shall be asked to file an application for benefits with the nearest local Old Age and Survivors' Insurance field office in accord with the usual procedure. (The temporary request that persons not be advised to call at the local field office regarding their eligibility relates only to persons already receiving public assistance.)

Very sincerely yours,



Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations) of the

Department of Social Welfare  
(Name of State Agency)

Charles J. Schoutland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

September 5, 1950

**FILED**  
In the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 430-A (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

SEP 29 1950  
At 4 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By \_\_\_\_\_ Deputy

Subject: Old Age and Survivors' Insurance  
OAS, ANB, APSB and ANC

Enclosed are "conversion" tables provided by the Federal Security Agency for use in determining the amount of increase in Old Age and Survivors' Insurance payments (see Bulletin 430, Item I) as follows:

Table I - Life Benefits

Table II - Death Benefits One or Two Beneficiaries

The following guides should be of assistance in using the various tables.

A. Persons Receiving OASI Who are 65 Years of Age or Over

1. Man, age 65 or over, receiving benefits on the basis of his wage record.

Use Table I. Look up the amount presently received under the column headed "Old P.I.B." The new amount will appear directly opposite in the column headed "New P.I.A."

Example: If the present OASI payment is \$19.18 the new amount will be \$36.00.

2. Woman, age 65 or over, receiving benefits on the basis of her own wage record.

Same as A1. above.

3. Wife, age 65 or over, receiving a secondary benefit based on her living husband's work record. Use Table I. Multiply her present benefit by two. Look up the resulting figure in the column headed "Old P.I.B." The new benefit will be one-half of the amount appearing in the column headed "New P.I.A." opposite the old P.I.B. figure.

Example: Wife is now receiving \$16.24. Look up double this figure (\$32.48) in the column headed "Old P.I.B." Her new benefit will be that amount which is one-half of \$56.70 increased to the next higher 10¢ multiple or \$28.40.

4. Wife, age 65 or over, receiving a benefit on the basis of her deceased husband's wage record.

Use Table II. In the column headed "Old P.I.B." look up that figure which is  $1/4$  greater than the amount of the present benefit. The new amount to be received is the figure appearing on the same line in the third column of the table.

Example: The present benefit of a wife of a deceased wage earner is \$20. One-fourth of this amount is \$5. Look up \$25 (\$20 + \$5) in the column headed "Old P.I.B." The new benefit amount from Column 3 is \$34.90.

5. Parent, age 65 or over, receiving benefits on the basis of wage record of a deceased child.

Use Table II. Look up in the column headed "Old P.I.B." that figure which is double the amount of the present benefit. The new amount to be received is the figure appearing on the same line in the third column of the table.

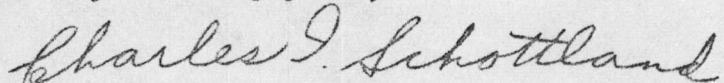
Example: Mother over 65 is presently receiving a \$15.31 benefit payment on the basis of the wage record of a deceased son on whom she was dependent. This amount multiplied by 2 is \$30.62. Look up \$30.62 in the column headed "Old P.I.B." The new amount from Column 3 is \$41.10.

B. Persons Receiving OASI in ANC Cases

Conversion tables for use in determining the new benefit amounts relating to ANC cases are not being forwarded to the counties inasmuch as their use appears to present numerous difficulties in determining the increased benefit amounts. The following procedure is to be observed. All ANC cases in which OASI is currently being received shall be instructed immediately to notify the county welfare department of the increased amount of their benefits as soon as their October check is received. This may be done either by showing the October check to the worker or notifying the county in writing of the increased amount. Such adjustment as may be necessary shall be made in the November assistance payment.

Aid to Needy Children families currently receiving OASI are not to be referred to the local OASI field offices relative to the amount of benefits received.

Very sincerely yours,



Charles I. Schottland  
Director



CHARLES I. SCHOTTLAND  
Director

MANUAL UNIT

1297-1299

SECRETARY OF STATE

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
September 7, 1950

FILED

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 430-B (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Old Age and Survivors'  
Insurance OAS, ANB, APSB  
and ANC (Correction in  
Bulletin No. 430-A)

Substitute the following for Item A, 4 in Bulletin No. 430-A issued  
September 5, 1950.

4. Wife, age 65 or over, receiving a benefit on the basis  
of her deceased husband's wage record.

Use Table II. In the column headed "Old P.I.B." look up  
that figure which is  $1/3$  greater than the amount of the  
present benefit. The new amount to be received is the  
figure appearing on the same line in the third column  
of the table.

Example: The present benefit of a wife of a deceased  
wage earner is \$20. One-third of this amount  
is \$6.67. Look up \$26.67 ( $\$20 + \$6.67$ ) in  
the column headed "Old P.I.B." The new  
benefit amount from Column 3 is \$37.20.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Certified as a Regulation (or  
Regulations) of the

Dept. of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)



SECRETARY OF STATE

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET

SACRAMENTO 14

September 18, 1950

**FILED**in the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4:00 P.M.

FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 430-C

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Notification to Recipients to  
Report Income  
(OAS, ANB, ANC)

Newspaper and radio publicity released by the Bureau of Old Age and Survivors' Insurance has emphasized that persons under the age of 75 may now earn as much as \$50 a month and continue to receive Old Age and Survivors' Insurance payments; also that persons 75 years of age or over may earn any amount and continue to receive benefits. The Bureau of Old Age and Survivors' Insurance forwarded a notice to all persons now receiving Federal Social Security benefits advising them of the new provisions relating to the amount of income they could have from employment and remain eligible for their monthly checks.

It is important that all recipients of public assistance who are now receiving Old Age and Survivors' Insurance payments be notified of their continuing responsibility to report their income to the welfare department. The following statement is suggested:

"Important Notice

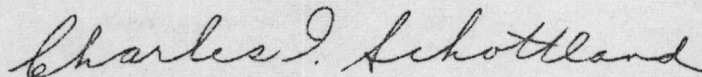
"The Bureau of Old Age and Survivors' Insurance recently sent out a notice stating that the Federal Social Security benefit checks to be received early in October would be in larger amounts. The notice also stated that persons under 75 years of age may now have as much as \$50 a month income from employment and continue to receive Social Security benefits; also that persons 75 years or over may now earn any amount and continue to receive Federal Social Security benefits.

"It is important that the Public Assistance check you receive each month from the office of the county auditor be in the correct amount. Under California's Public Assistance laws the welfare department must figure the amount of the payment which the auditor forwards to you. The amount is based upon your needs and the amount of income you receive. If at any time you have some income from employment or from any other source you must tell your welfare department immediately. This is necessary even though the amount of income from employment may be under \$50 a month and will not affect any Federal Social Security check you may be receiving."

The above statement, or some similar notification prepared by the county, shall be sent on the earliest possible date to those persons who are now receiving benefits. It may also be used to notify those who are believed to be potentially eligible for Federal Social Security benefits.

Upon request the department will supply mimeographed copies of the above notice to any county not having facilities to duplicate the notice locally.

Very sincerely yours,

A handwritten signature in cursive script that reads "Charles I. Schottland". The signature is written in dark ink and is positioned above the printed name and title.

Charles I. Schottland  
Director



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE616 K STREET  
SACRAMENTO 14  
September 19, 1950**FILED**  
in the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By \_\_\_\_\_ Deputy

DEPARTMENT BULLETIN NO. 430-D (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Old Age and Survivors' Insurance  
OAS, ANB, APSB, and ANC

The Federal Security Agency advises that Conversion Table II cannot be used to determine the "new P.I.A." for persons who are now receiving a \$10 benefit payment as the result of death of an insured worker.

The "new P.I.A." in \$10 benefit cases will be furnished by the local Old Age and Survivors' Insurance field office when the name is referred to the office in accord with the following procedure:

1. Complete Form DPA 1 in triplicate and write or stamp "For Conversion" at the top of the form.
2. Send two copies to the local field office.
3. One copy will be returned to the welfare department showing the "new P.I.A."

The above procedure can be used to determine the "new P.I.A." for ANC cases if the new amount of the benefit payment is not reported to the county by the recipient as outlined in Department Bulletin No. 430-A, Item B.

The Social Security Administration has advised that a detailed summary of the new eligibility requirements as prepared by the Bureau of Old Age and Survivors' Insurance will be available soon. Counties will be provided with copies of those summaries as soon as they are received and any necessary duplication of the material can be accomplished. A number of the new requirements will have an important bearing on eligibility of the widow and children of deceased wage earners including those who are veterans of World War II. Instructions for referring the names of persons who are found to be potentially eligible beneficiaries under the new requirement will be forwarded when the detailed summary of the Old Age and Survivors' Insurance amendments become available.

Pending receipt of the complete summary of the Old Age and Survivors' Insurance Eligibility requirements, counties should continue to refer the names of potentially eligible recipients over the age of 65 to the local Old Age and Survivors' Insurance field office as outlined in Department Bulletin No. 430, Item II. (Recipients who have a Social Security number and whose employment history indicates that they may have had six quarters or more of coverage in qualifying employment as defined under the old law are considered to be potentially eligible recipients.)

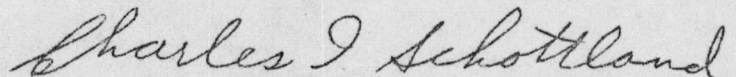
A recent release from the Social Security Administration states that Old Age and Survivors' Insurance field offices have prepared three lists from records available to them as follows:

1. Cases involving living wage earners who have been formally or informally disallowed and the record indicates that the wage earner has six quarters of coverage.
2. Cases involving living wage earners who have been formally or informally disallowed and the record indicates that the wage earner had less than six quarters of coverage at the time of application.
3. Veteran's survivor cases formally or informally disallowed because the veteran died in service or more than three years after discharge.

Some preliminary inquiry indicates that the lists prepared by the local field offices are not in Social Security number order, and some are not in exact alphabetical sequence. They contain the address as last known to the field office and many persons on the lists are now deceased. If the local field office renders service in an area containing more than one county welfare department the release states that the names the welfare departments might wish checked must be combined into a single list, and the checking must be done by one authorized official.

The State Department of Social Welfare has made no plan for checking the lists prepared by the Old Age and Survivors' Insurance field offices believing that careful referral of the names of potentially eligible persons to the local field office as outlined in Department Bulletin No. 430, Item II, would be more productive and would eliminate duplicatory effort. Some counties have reported that local field offices have made their lists available to them in accord with a plan mutually agreed upon. If other counties wish to review the lists they should explore that possibility with the local field office.

Very sincerely yours,



Charles I. Schottland  
Director



Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Chotland  
(Signature)

Director  
(Title)

9-29-50  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

**FILED**

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

DEPARTMENT BULLETIN NO. 439 (STAT) (PROPOSED)

At 4 o'clock P.M.  
FRANK M. JORDAN, Secretary of State

By \_\_\_\_\_ Deputy

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

Subject: ANC Permanent Sample  
Procedure

Attached are instructions for the completion of the ANC Permanent Sample Schedule, Form CA 251.

The permanent sample procedure is effective October 1, 1950, for the basic sample and November 1, 1950, for the intake sample. Note, however, that for cases with state numbers ending in "5" the intake procedure begins October 1, 1950. (See Secs. 3 and 4)

This procedure supersedes reporting on the ANC Social Data Record Card, Form CA 230, which is abolished effective October 1, 1950. The entire Social Data Record Chapter of the Manual of Policies and Procedures (Secs. 285-00 through 289-99) is obsolete insofar as it pertains to ANC. Therefore, Forms CA 230 need not be completed for cases approved by board of supervisors action after September 30, 1950. Counties shall submit to the State Department of Social Welfare any Forms CA 230 which they may already have completed on cases to be approved by board of supervisors action in October.

Very sincerely yours,

Charles I. Schottland  
Director



The ANC Sample study is planned to collect socioeconomic data on a representative sample of ANC cases.

Information collected on the ANC Permanent Sample Schedule, Form CA 251 (and Form CA 241) will be used:

1. To prepare estimates on the cost and effect of proposed legislation and to evaluate the results of legislative changes.
2. To check the possible results of proposed departmental rulings, procedures, etc., and to evaluate the results of such regulations.
3. To estimate the effect of economic changes, trends, etc.
4. To provide basic socioeconomic data for county welfare administrators, other public officials, and press releases.
5. To provide information required for special and routine reports to the Social Security Administration.

The basic schedule is planned with a view to answering the questions most frequently raised. However, questions which arise from time to time, e.g., during Legislative Sessions, will require special studies. The cases included in the Permanent Sample will form the sample for special studies as the need for such inquiries arises. In many instances, only portions of the Permanent Sample will be utilized. The number to be included will depend upon the complexity of the inquiry. The SDSW will prepare a list of the cases to be included and otherwise assist in minimizing and routinizing the work of county welfare departments in meeting requests for special data.

Budget Work Sheets, Form CA 241, on sample cases whose state numbers end in "5" shall be submitted with Form CA 251 and also separately whenever there is a redetermination of need. This procedure will furnish essential budget information and also be used to keep the Permanent Sample data current with respect to family composition, income, and amount of grant.

The ANC Sample consists of two parts:

1. A 30 percent sample of intake, consisting of all new applications (including transfers from other counties), reapplications, and restorations granted, whose state numbers end in the digits "3", "5", and "7."
2. A 10 percent permanent sample of the active caseload, consisting of all cases in the caseload whose state numbers end in the digit "5."

The permanent sample will be established by county submittal of Forms CA 251, on all ANC cases active on October 1, 1950, whose state numbers end in "5." It will be kept up to date on the basis of:

1. New ~~sample schedules~~ <sup>Forms CA 251</sup> to be submitted after each annual reinvestigation, on cases whose state numbers end in "5";
2. ~~Sample schedules~~ <sup>Forms CA 251</sup> on cases whose state numbers end in "5", which will be taken from the intake sample;
3. Budget Worksheets, Form CA 241, to be submitted whenever a new budget determination is made for a sample case whose state number ends in "5";
4. Notices of discontinuance as reported on Form CA 232.



### Sec. 3 ESTABLISHMENT OF BASIC CASELOAD SAMPLE

Sec. 3

The basic caseload Sample shall be established by county submittal of Forms CA 251 and CA 241 on all ANC cases active on October 1, 1950, whose state case number ends in the digit "5". Schedules on cases where the end digit "5" is preceded by an even digit (e.g., 05, 25) are to reach SDSW not later than November 15, 1950. The remaining schedules (next-to-last digits are odd, e.g. 15, 95) are to reach SDSW not later than December 15, 1950.

### Sec. 4. MAINTENANCE OF CURRENT SAMPLE

Sec. 4

#### 1. Intake Sample

- a. Effective with cases acted on by the Board of Supervisors on November 1, 1950, (October 1 for cases ending in "5") and thereafter, an ANC Permanent Sample Schedule, Form CA 251, is to be completed in duplicate for every ANC case whose state number ends in "3", "5" or "7" as follows:
  - a. Approval of a new case (including transfers from other counties);
  - b. Approval of a reapplication for aid;
  - c. Restoration of aid.
- b. One copy of the schedule is to be sent to the State Department of Social Welfare within 15 days after Board of Supervisors Action, and one copy filed in the case record.
- c. For cases whose state numbers end in "5" a completed copy of Form CA 241 shall also be submitted. These cases will become part of the "caseload" sample.

#### 2. Permanent (caseload) Sample

Effective October 1, 1950, a Form CA 251 and CA 241 shall be prepared on every ANC case whose state number ends in "5" when the required annual reinvestigation is made. A new Form CA 241 is also to be submitted whenever a new budget is prepared on such cases.

### Sec. 5 STATUS OF CASE (Item 4)

Sec. 5

Indicate by check mark whether the <sup>Form CA 251</sup> schedule is submitted on a new case, restoration, reapplication, transfer, or annual reinvestigation of an active case.

### Sec. 6 DATE OF APPLICATION (Item 6)

Sec. 6

Enter the date of the application (in your county) on the basis of which ANC is currently being granted.

### Sec. 7 DATE OF APPROVAL (Item 7)

Sec. 7

Enter the date on which the board of supervisors approved the application reported in Item 6.

Complete this item for new cases and reapplications only, *Circle each applicable source*

- a. Earnings of father - natural or adoptive: If material support has been received from earnings of the father, whether in the home or out of the home, circle a. Do not circle this item if support consisted of allotments or allowances from the father in the armed forces, but circle f.
- b. Earnings of mother - natural or adoptive: If material support has been received from earnings of the mother, whether in the home or out of the home, circle b.
- c. Earnings of stepfather: If material support has been received from earnings of the stepfather, circle c. Do not circle c if support consisted of allotments or allowances from the stepfather in the armed forces, but circle f.
- d. Earnings of children in the home: If earnings of children in the home were a source of material support, circle d.
- e. Earnings of other persons in the home: Circle e if earnings of persons in the home other than parents, step-parents, or children, were a material source of support.
- f. Allotments and allowances from persons in the armed forces: Circle f if support was received from this source.
- g. Old Age and Survivors Insurance: Circle g if support was received from this source.
- h. Unemployment or disability insurance: Circle h if support was received from either of these State Department of Employment programs.
- i. Contributions from persons (except parents) outside home: Circle i if contributions from persons outside the home, except parents, were a material source of support. Do not classify under this item support received from allotments and allowances of persons in the armed forces.
- j. General Relief: Circle j if county General Relief was a source of support during the 12 months prior to approval. Indicate the total number of months for which General Relief was received during this period.
- k. Receiving GR at the time of ANC application  
Check "Yes" if General Relief was being received at the time of ANC application, and "No" if none was being received at that time.
- l. Received GR during ANC investigation  
Check "Yes" if General Relief was received during ANC investigation, and "No" if none was received during that period.
- m. Other--If the needy children received material support from sources not classifiable above, circle m and specify the source of support in the space provided.



Sec. 9 PERSONAL PROPERTY OF FAMILY (ITEM 9)

Sec. 9

Under Items 9, a, b, and c, enter the values of the specified types of property owned by the family. Enter "none" if family owns no such property.

Under Item 9d, Other personal property, describe the type (not value), if known, of the property, e.g., automobile, livestock, etc.

Sec. 10 REAL PROPERTY OF FAMILY (ITEM 10)

Sec. 10

- a. Total assessed value: Enter the total assessed value of real property owned by the family. (Do not deduct encumbrances.) If none, enter "none."
- b. Total encumbrances: Enter the total amount of encumbrances of record upon property reported in a. Include only the amount which represents a specific debt against the property. Examples of encumbrances of record are liens, mortgages, trust deeds, etc. If none, enter "none."

Nature of property:

- c. Family home: Circle c if the amount of assessed value shown in a includes the family's home.
- d. Other improved property - Circle d if the amount of assessed value shown in a includes improved real property not included as part of the home owned and occupied by the family.
- e. Unimproved property - Circle e if the amount of assessed value shown in a includes a parcel of real property which is unimproved. Exclude burial plots.

Sec. 11 PERSONS IN FAMILY BUDGET UNIT (ITEM 11)

Sec. 11

Enter under Items a through f information on the composition of the family budget unit (as distinguished from the "household").

In Item 11d report the caretaker other than a parent, whose need and relationship to the children make her eligible for Federal participation.

Sec. 12 BUDGET UNIT SUMMARY (ITEM 12)

Sec. 12

- a. Family's Total Need: Enter the amount of total need per month for the "family budget unit" (Item 11) as calculated on Form CA 241 (Budget Work Sheet) upon which the grant shown in 12b is based. This should represent total needs, before deduction of income.

(Section Continued on Next Page)

- b. Amount of ANC Grant: Under this item report the amount of the continuing monthly ANC grant authorized by the board of supervisors. Exclude General Relief granted the first month and retroactive aid payments.

Example:

1. ANC total needs for family budget unit of mother and two children approved by the board of supervisors December 12, (December 1, 1950, effective date of aid) was \$139.50. General Relief was given for December totalling \$95 so that the December ANC grant was computed as follows:

Total needs less December income	\$139.50
(General Relief)	95.00
December ANC grant	\$ 44.50

Since there was no income in January, the ANC grant was increased to \$139.50 effective January 1, 1951.

Under Item 12b enter \$139.50 (instead of \$ 44.50) since this is the continuing grant.

- c. Total income: Enter the total amount of income considered in determining the grant shown in 12b. If the family has no income considered in budgeting for the ANC grant, enter "none."
- d. Unmet Need: If the ANC grant shown in Item 12b plus the family's income (Item 12c) does not meet the total budgeted needs of the family unit (Item 12a), enter the amount of the unmet need.
- e. County Supplementation, if any: Enter the amount (if any) of county funds included in the grant (Item 12b) which are in excess of the statutory maximum.



Sec. 13 ELIGIBLE CHILDREN REPORTED IN ITEM 11a AND PAYEE (ITEM 13)

Sec. 13

Enter in the appropriate columns of Item 13 the information indicated in the column headings for each child for whom ANC is granted and for the payee. Use the first line for the payee and list the recipient children in the order of their age, beginning with the oldest. The number of children listed here should be the same as the number reported under Item 11a as eligible for ANC. If the lines provided on the schedule are insufficient for a large family, use an additional schedule.

Sec. 14 NAME OF ~~PERSON~~

Sec. 14

In Columns 1 and 2 enter the last and first names of the payee and each child for whom ANC is granted. If the child is unborn, enter the last name and enter "unborn" for the first name.

Sec. 15 RELATIONSHIP TO PAYEE

Sec. 15

In Column 3 opposite the name of each child enter that child's relationship to the payee; e.g., son, granddaughter, niece, etc. Complete this item even though the child is unborn.

Sec. 16 SEX

Sec. 16

In Column 4, opposite the name of each person, enter the sex of the person. If the child is unborn, leave this column blank *for the child.*

Sec. 17 DATE OF BIRTH

Sec. 17

In Column 5 opposite the name of each child, enter the month and year of birth. If the child is unborn, enter the date of expected birth. For the payee, enter year of birth only.

Sec. 18 BIRTH PLACE

Sec. 18

In Column 6 opposite the name of each person, enter the birthplace. If born in the United States, enter the state of territory of birth. If born in the United States but the state of birth is unknown, enter "U. S.--Unk." If not born in the United States, enter the country of birth. If the foreign country of birth is unknown, enter "Foreign--Unk." If the place of birth is entirely unknown, enter "Unk." If the child is unborn, leave this column blank *for the child.*

Sec. 19 TOTAL YEARS IN CALIFORNIA

Sec. 19

In Column 7 opposite the name of each person, enter the total number of years and months during which he has been physically present in California, disregarding interruptions. An approximate number is acceptable. Compute the years as of the date the Permanent Sample Schedule is completed. *If the child is unborn, leave this column blank for the child.*

Sec. 20 ~~COLOR OR~~ RACE

Sec. 20

In Column 8, opposite the name of each person, enter his race. If the child is unborn, enter the race of the mother. The following definitions apply in the reporting of race:

1. WHITE—Generally members of the Caucasian race are classified as white. Possible deviations are enumerated under 4.
2. NEGRO—A person of mixed white and negro blood (of any percentage) is classified as a Negro. Both black and mulatto persons are recorded as Negroes. A person of mixed Indian and Negro blood is reported as a Negro, unless Indian blood predominates and the person's status as an Indian is generally accepted in the community.
3. MEXICAN—Enter Mexican if the individual is generally accepted as Mexican.
4. OTHER—If the person is neither white, Mexican, nor Negro, enter the race to which he belongs, as "Indian", "Chinese", etc. "Other races" include the following: Indian, Chinese, Japanese, Filipino, Hindu, Korean, Hawaiian, Malayan, Siamese, Samoan, all other. The following statement applies to classification of Indians, and other mixed races:

INDIANS—A white person of mixed white and Indian blood is recorded as Indian, except if the percentage of Indian blood is very small, or if he is regarded as white in the community where he lives.

OTHER MIXED RACES—Mixtures of white and non-white races are reported according to the non-white parent. Mixtures of colored races are reported according to race of father, except Negro-Indian as explained under 2.

Sec. 21 MARITAL STATUS OF PARENTS

Sec. 21

In Column 9 opposite the name of each child, enter the code symbol from the list below (which also appears on the back of the schedule) describing the marital relationship which exists between the child's natural (or adoptive) father and natural (or adoptive) mother at the time the schedule is completed. If there are several children in the family who are not full brothers and sisters, the entries in Column 9 may vary. For example: In a case of a mother and two children, the mother

(Section Continued on Next Page)



## Sec. 21 (Continued)

Sec. 21

had been married to the first child's father who is now dead. With respect to this child the entry in Column 9 would be "wid." The mother was never married to the father of the second child. Hence the entry in Column 9 with respect to this child would be "Unm."

Complete this column even though the child is unborn.

Code

Mar.    ~~---~~ Married *married*  
 Wid.    ~~---~~ Widowed  
 Div.    ~~---~~ Divorced (inc. interlocutory decree)  
 Sep.    ~~---~~ Separated (*legally or by bona fide agreement*)  
 Ann.    ~~---~~ Marriage Annulled  
 Unm.    ~~---~~ Unmarried  
 Dead    ~~---~~ Both parents dead  
 Unk.    ~~---~~ Unknown

## Sec. 22 LIVING ARRANGEMENT OF CHILD

Sec. 22

In Column 10 opposite the name of each child, enter the appropriate code from the list below (which also appears on the back of the schedule). This column is intended to record the living arrangement of children for whom ANC grant is made. If the mother or father or both are in the household with the child, select the code for this column which indicates the presence of the parent(s) regardless of whether the parent is or is not the payee, e.g., if the child is living with her grandmother who is the payee and both parents are in the home, enter code "1." If the child is living with a brother or sister and neither parent is in the home, enter code "8." If the child is unborn, leave this column blank *for the child.*

Code

1. Both natural parents
2. Adoptive parents
3. Mother and stepfather
4. Father and stepmother
5. Mother—father not in home
6. Father—mother not in home
7. Grandparent(s)—parents not in home
8. Sibling(s)—parents not in home
9. Aunt or uncle—parents not in home
10. Other relatives—parents not in home
11. Boarding home
12. Institution

## Sec. 23 REASON FOR DEPRIVATION OF PARENTAL SUPPORT OR CARE

Sec. 23

From the list below (which appears also on the back of the schedule), enter in Column 11 and/or Column 13, opposite the name of each child, the abbreviation for the item which describes the status of the parent(s) whose death, absence, or incapacity qualifies the child for ANC. If the status of either parent qualifies the child, make appropriate entries in each column; otherwise make an entry in only one

(Section Continued on Next Page)

Sec. 23 (Continued)

Sec. 23

column. If the child has been adopted, the entry should refer to the adoptive parent(s). Complete Column 11 even though the child is unborn.

Code

Dead- - - - -Dead  
 Ab-des- - - - -Absent - deserted  
 Ab-div- - - - -Absent - divorced  
 Ab-sep- - - - -Absent - separated (legally or by bona fide agreement; exclude desertion)  
 Ab-ann- - - - -Absent - marriage annulled  
 Ab-a.f.- - - - -Absent - in armed forces  
 Ab-imp- - - - -Absent - imprisoned  
 T. B. - - - - -Tuberculosis  
 Ment- - - - -Mentally incapacitated  
 Phys- - - - -Physically incapacitated

Sec. 24 DATE OF OCCURRENCE

Sec. 24

In Column 12 or 14, or both, record opposite the name of each child the month and year since which the child has been deprived of the care or support of the parent(s) for the reason(s) indicated in Column 11 and/or 13. For example, if the father was imprisoned in June 1950, enter "6-50" in Column 12. If the mother became physically incapacitated in August 1950, enter "8-50" in Column 14. Complete Column 12 even though the child is unborn.

Sec. 25 MILITARY OR VETERAN STATUS OF PARENTS

Sec. 25

In Columns 15 and 16 opposite the name of each child, enter the appropriate codes to indicate the military or veteran status of each parent, whether natural or adoptive. If a former veteran is now in the armed forces, use code "Mil." Complete these columns even though the child is unborn. The codes are as follows:

Is now in armed forces- - - - -Mil.  
 Was formerly in armed forces- - - - -Vet.  
 Has never been in armed forces- - - - -Non.  
 Unknown- - - - -Unk.



1. County \_\_\_\_\_ 2. State Number \_\_\_\_\_ 3. County Case Number \_\_\_\_\_

5. Name of Payee \_\_\_\_\_ 6. Date of Application \_\_\_\_\_ 7. Date of Approval \_\_\_\_\_  
Last Name First Name

## 4. Status of Case (check one)

- ☐ New ☐ Reapplication
- ☐ New, transfer from another county
- ☐ Restoration
- ☐ Reinvestigation (State numbers ending in "5" only)

## TO MAINTAIN CURRENT SAMPLE (Caseload and Intake)

- A. Caseload - State numbers ending in "5": 1. One copy to SDSW, one copy in case record, upon annual reinvestigation.  
2. One completed copy of Form CA 241 to SDSW whenever new budget is prepared.
- B. Intake (State numbers ending in "3", "5" and "7") - New application, reapplication and restoration: 1. One copy to SDSW, one in case record, at time of approval. 2. One copy of current Form CA 241 to SDSW on cases with State number ending in "5."

## 8. SOURCES OF SUPPORT OF FAMILY DURING 12 MONTHS PRIOR TO APPROVAL: (New cases and reapplications only)

CIRCLE ALL APPLICABLE ITEMS AND MAKE ENTRIES AS REQUIRED

- a. Earnings of father-natural or adoptive
- b. Earnings of mother-natural or adoptive
- c. Earnings of stepfather
- d. Earnings of children in home
- e. Earnings of other persons in home
- f. Allotments and allowances from persons in armed forces
- g. Old Age and Survivors Insurance
- h. Unemployment or disability insurance
- i. Contributions from persons (except parents) outside home
- j. General relief, for \_\_\_\_\_ months
- k. Receiving GR at the time of ANC application?

☐ Yes☐ No

- l. Received GR during ANC investigation?

☐ Yes☐ No

- m. Other (specify) \_\_\_\_\_

## 9. PERSONAL PROPERTY OF FAMILY (MAN. SEC. C-325 to C-340)

- a. Exempt insurance--face value \$ \_\_\_\_\_  
cash surrender value \$ \_\_\_\_\_
- b. Non-Ex. insurance--face value \$ \_\_\_\_\_  
cash surrender value \$ \_\_\_\_\_
- c. Cash and/or securities \$ \_\_\_\_\_
- d. Other personal property (specify type) \_\_\_\_\_

## 10. REAL PROPERTY OF FAMILY (MAN. SEC. C-300 to C-320)

- a. Total assessed value \$ \_\_\_\_\_
- b. Total encumbrances \$ \_\_\_\_\_  
Nature of property (circle applicable items)
- c. Family home d. Other improved property
- e. Unimproved property

## 11. PERSONS IN FAMILY BUDGET UNIT (MAN. SEC. C-503)

## NUMBER

- a. Children under 18: eligible for ANC \_\_\_\_\_  
not eligible for ANC \_\_\_\_\_
- b. Children 18 but under 21..... \_\_\_\_\_
- c. Parents..... \_\_\_\_\_
- d. Other needy related caretaker\*..... \_\_\_\_\_
- e. Other persons..... \_\_\_\_\_
- f. Total..... \_\_\_\_\_  
\*Eligible for federal participation

## 12. BUDGET SUMMARY: (Date of current CA 241 \_\_\_\_\_)

- a. Family's total need..... \$ \_\_\_\_\_
- b. Amount of ANC grant..... \$ \_\_\_\_\_
- c. Amount of income..... \$ \_\_\_\_\_
- d. Unmet need..... \$ \_\_\_\_\_
- e. County supplementation, if any..... \$ \_\_\_\_\_

## 13. ELIGIBLE CHILDREN REPORTED IN ITEM 11a AND PAYEE

SEE CODES ON REVERSE

PAYEE, AND CHILDREN IN ORDER OF AGE		RELATIONSHIP TO PAYEE	SEX	DATE OF BIRTH MO. & YR.	BIRTHPLACE	TOTAL YRS. IN CALIFORNIA	RACE	MARITAL STATUS PARENTS (CODE)	CHILD LIVING WITH (CODE)	DEPRIVED OF PARENTS' SUPPORT OR CARE				MILITARY OR VETERAN STATUS OF PARENTS (CODE)	
LAST NAME	FIRST NAME									FATHER		MOTHER		FATHER	MOTHER
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	REASON (CODE) (11)	DATE (12)	REASON (CODE) (13)	DATE (14)	(15)	(16)
**		XXX						XXX	XXX	XXX	XXX	XXX	XX	XXXX	XXXX
***															

\*\*Payee \*\*\* Oldest Child

Signature of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Date Completed \_\_\_\_\_

CODES FOR ENTRIES IN ITEM 13

CODE FOR COLUMN 9

Enter in Column 9 for each child the code from the list below which describes the marital relationship of the natural or adoptive parents of that child existing at the time the schedule is completed.

Married ..... Mar.  
Widowed ..... Wid.  
Divorced ..... Div.  
(Inc. Interlocutory Decree)  
Separated ..... Sep.  
Marriage Annulled ..... Ann.  
Unmarried ..... Unm.  
Both Parents Dead ..... Dead  
Unknown ..... Unk.

CODE FOR COLUMN 10

Enter in Column 10 for each child the code number which represents the situation at the time this particular investigation is made. If a parent is in the home, code according to that relationship.

CHILD LIVING WITH:

1. Both Natural Parents	7. Grandparent(s)-Parents not in home
2. Adoptive Parents	8. Sibling(s)-Parents not in home
3. Mother and Stepfather	9. Aunt or Uncle-Parents not in home
4. Father and Stepmother	10. Other Relatives-Parents not in home
5. Mother-Father not in home	11. Boarding Home
6. Father-Mother not in home	12. Institution

CODE FOR COLUMNS 11 AND 13

Dead.....	Dead
Absent-Deserted.....	Ab-Des.
Absent-Divorced.....	Ab-Div.
Absent-Separated.....	Ab-Sep.
Absent-Marriage Annulled.....	Ab-Ann.
Absent-In Armed Forces.....	Ab-A.F.
Absent-Imprisoned.....	Ab-Imp.
Tuberculous.....	T.B.
Mentally Incapacitated.....	Ment.
Physically Incapacitated.....	Phys.
If not applicable, enter a dash(--)	

CODE FOR COLUMNS 15 AND 16

Is now in Armed Forces ..... Mil.  
Was formerly in Armed Forces ..... Vet.  
Has never been in Armed Forces ..... Non.  
Unknown ..... Unk.



MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EX BROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
September 29, 1950

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Manual Letter No. 1144.

These regulations were adopted by the State Social Welfare Board on September 29, 1950, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

**FILED**

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*  
Deputy

Certified as a Regul on (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

9-29-50  
(Date)



MAIN OFFICE  
SACRAMENTO  
616 K STREET  
14

LOS ANGELES OFFICE  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
October 6, 1950

IN REPLY PLEASE REFER

**FILED**

In the Office of the Secretary of State  
of the State of California

SEP 29 1950

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

MANUAL LETTER NO. 144

The attached revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Age	Revisions 24 through 28
Personal Property	Revisions 90 and 91
Blindness	Revisions 42 and 43
Applications	Revisions 63 through 66
Investigation and Decision	Revisions 213 through 217
Financial Procedures	Revisions 506 through 512

These revisions, which were adopted by the Social Welfare Board on September 29, 1950, are to be effective October 1, 1950.

Secs. 107-10, 107-20, and 107-51 have been revised to bring them into conformity with Sec. 10605.5 of the Health and Safety Code which provides that a delayed birth certificate secured through court action conclusively establishes the individual's birth date irrespective of any other evidence.

Sec. 144-05 has been revised to provide for the consideration, in ANB, of the seller's equity (rather than the total assessed value) in personal property sold under conditional sales contract when determining the eligibility of the seller.

Sec. 180-20 has been revised to provide for neuropsychiatric examinations for blindness. Secs. 645-02 and 645-31, as revised, include the cost of such neuropsychiatric examinations as claimable items of administrative expense.

Secs. 201-00 and 202-10, as revised, require that records be kept of requests for aid.

Sec. 610-50 has been revised to provide that, in ANC, the names of the children for whom aid is paid shall not appear on the warrant.

Sec. 627-10, has been revised to incorporate the revision in Federal financial participation in ANC, i.e., increased Federal sharing for caretaker.

Copies of the current Forms Bl 225 and 227 have been included for Sec. 250-99.

The following Department Bulletins are now obsolete:

107-00 AGE OF ACCEPTABLE AGE EVIDENCE  
OAS, ANB, APSB

107-00 |

The OAS law requires that the following types of age evidence must be at least five years old:

- (a) Statement of age in voter's registration records.
- (b) Statement of age in census records.

Except for these provisions in OAS there is no requirement in OAS, ANB, APSB that age evidence be of a certain age. (See Sec. 230-45, Evaluation of Evidence.) (W&IC 2140, 2162, 3075, 3460)

107-05 TRANSLATIONS OF EVIDENCE  
OAS, ANB, APSB

107-05 |

The accuracy of translations of documents in a foreign language must be evaluated. It should be ascertained that the translation was made by a qualified and responsible person and that it otherwise bears evidence of authenticity. The name of the translator should be included in the case record. (W&IC 2140, 3075, 3460)



A record of the age, or birth date, of an individual is usually made at different periods in his life and for varying purposes. A delayed birth certificate secured through court action establishes the time of birth. (See Sec. 107-51, Delayed Birth Certificates Secured Through Court Action or Local or State Registrar.) In general, no other one record, with the possible exception of a birth certificate recorded approximately at the time of the applicant's birth, ~~exclusively establishes beyond doubt an individual's exact age,~~ can be considered conclusive evidence. (a)

The county ~~must~~ shall reconcile any conflicts which appear in various pieces of evidence offered to establish age. In cases of conflicting evidence, a preponderance of evidence is accepted.

The decision as to age eligibility is not based alone upon the number of pieces of evidence which support or refute the applicant's contention that he has reached the required age. Rather, the relative merit of the various pieces of evidence ~~must~~ shall be considered in order to determine which evidence has greater validity. A single document such as a baptismal certificate may outweigh several other pieces of evidence. On the other hand, two or three items which corroborate each other may be more conclusive than a single piece of evidence of intrinsically greater validity which is not supported by any other data. If two or more pieces of evidence of approximately equal value conflict as to the month, day, and year of birth, but one is supported by the applicant's present sworn statement of his birth date, the evidence which agrees with his statement shall be used. Often it is necessary to secure additional evidence and to evaluate this in the light of evidence already available.

In general, if conflicting evidence is presented, the older evidence is preferred, as there is less likelihood that age was misstated in order to qualify for aid. Greater weight is, in general, given to documentary evidence of an official or semi-official character than to evidence from personal records.

If there is conflict between the applicant's sworn statement and competent evidence, decision ~~must~~ shall rest upon the facts as established by the evidence.  
(W&IC 2140)

(a) For conformity with Sec. 10605.5 Health and Safety Code.

If the applicant's sworn statement of the birth date on the application indicates age 66 or over and the year of birth recorded in the evidence establishes age 66 or over, the month and day of birth need not be established.

In all other cases age is established as follows:

1. If evidence to establish the specific birth date is not available, the applicant's sworn statement of the month and day of birth is accepted provided there is evidence which either establishes the year of birth or supports the applicant's statement of the year of birth.

Example 1: The applicant gave his birth date as 8/19/84 when the application was signed. The only available age evidence is a marriage certificate dated 4/20/10 giving age as 25. A person born in August 1884 would have been 25 in April 1910, but would have reached the 26th birthday in August 1910 (indicating 1884 as the birth year). Thus there is no conflict between the evidence and the applicant's statement that he was born in 1884 and the verified birth date is considered to be 8/19/84.

2. If the evidence indicates the birth year was earlier than shown by the applicant's statement on the signed application, the birth date shall be established by the statement on the application except if a delayed birth certificate has been secured through court action or if positive evidence such as a birth or baptismal record recorded when the applicant was a child refutes the applicant's present statement of his birth date. (a)

Example 2: The birth date as stated on the application is 2/15/85. An insurance policy issued 4/20/20 shows age 36. This would indicate that the applicant was born prior to 2/15/85 and is older than he now claims. He would not be considered to reach his 65th birthday until 2/15/50.

3. If the evidence indicates the birth year was later than shown by the applicant's statement on the signed application, the birth year shall be established by the evidence. The applicant's statement on his application of the month and day of birth shall be accepted unless a delayed birth certificate has been secured through court action or there is positive evidence to refute it. (a)

Example 3: The birth date as stated on the application is 3/29/83. A marriage record dated 4/2/08 gives age as 23 which indicates the birth year was not later than 1885. No evidence refutes the applicant's statement that the month and day of birth was 3/29, and since the evidence establishes 1885 as the year of birth, the verified birth date is considered as 3/29/85. He would not reach his 65th birthday until 3/29/50.

---

(a) For conformity with Sec. 10605.5, Health and Safety Code.



4. If the applicant does not know his birth date but it is possible to secure verification of his year of birth, July 1 shall be assumed to be the month and day of birth unless the evidence used to prove the year of birth indicates the month and day of birth were prior to July 1, in which case the month and day as established by the evidence shall be used.

Example 4: The applicant believes he is over 65 but does not know his birth date. A marriage license issued 10/21/09 shows age 24 and establishes the birth year as not later than 1885. Since the applicant claims not to know his birth date, it is assumed to be 7/1/85. (Had the marriage license showing age 24 been issued on 4/11/09, the birth date would be considered to be 4/11/85.)

(W&IC 2140)

107-30 SOURCES OF AGE EVIDENCE  
OAS, ANB, APSB

107-30

Birth records are usually available for applicants in ANB or APSB under the age of 21.

In OAS, it is often impossible to secure birth records, as such registration is relatively recent in many states. Other sources for proving age are therefore frequently utilized.

There are many sources of age evidence. The sources discussed in the following sections have proved valuable but their use does not remove the need for resourcefulness and careful judgment on the part of the county.

The most accurate record, not the most easily available one, should be used in establishing age. Documentary evidence from a public or official record may be more accurate than evidence from personal records. Due consideration should be given to the age of the evidence in evaluating data.

Voter's registration and census records must be five years old according to the provisions of the law. (See Sec. 107-00, Age of Acceptable Age Evidence.)

A personal affidavit is used when reasonable effort to secure documentary evidence has been unproductive. When a personal affidavit is accepted, the county record must show that all reasonable clues pointing to the existence of documentary evidence have been followed. The personal affidavit must contain an adequate statement of the facts upon which the affiant's knowledge of the applicant's age is based. (W&IC 2140, 3075, 3460)

107-40 BIRTH CERTIFICATE AS AGE EVIDENCE  
OAS, ANB, APSB

107-40

The possibilities of verifying age from birth certificates are necessarily limited for applicants for OAS as adequate registration of births is of recent origin in the United States. For a large proportion of the persons now 65 years of age, or over, there are no official birth certificates. (See Sec. 107-51 for use of delayed or corrected birth certificates.)

Some states have recorded births and issued birth certificates on the basis of the person's own affidavit as to his birth date. If the birth certificate bears the official stamp and is beyond question an authentic document from some state or county, the birth record must necessarily be accepted unless there is reason to believe that fraud has been perpetrated on the part of the applicant or any other person.

In most states, an affidavit from the physician or midwife, the mother, or someone who was present at the time of the birth, other than the person concerned, may be used in securing an official birth certificate.

Careful check should be made to be sure that the name which appears on the birth certificate or other document used to prove age is the same as that on the application, or, in the case of a married woman applicant, is the same as her maiden name. If the birth certificate does not give the first name

(Section Continued on Next Page)



Due to the need of many persons for birth certificates for employment or other purposes, provision has been made in California law for securing delayed or corrected birth certificates. These methods are described as follows:

1. Proceedings to Establish Record of Birth Through Petition to Superior Court

For a person born in California or outside of the State, the person himself, or any ~~beneficially interested~~ another person, may file a petition and facts with the Superior Court for establishment of the time and place of birth. Following a hearing, the court may make an order determining that the birth did in fact occur at the time and place shown by the proofs adduced at the hearing. The order of the court is made upon the form prescribed by the State Registrar of Vital Statistics and is effective upon filing a certified copy of the form with the local registrar or ~~county recorder and with the State Registrar of vital statistics~~ of the district in which the birth occurred (if the person was born in California) or with the local registrar of vital statistics in the district in which the petitioner resides and with the State Registrar (if the person was born outside of California). The filing fee for the petition is \$3.00. (Health and Safety Code Secs. 10600 thru 10607) ~~If a birth date is established by court action, the time of birth so fixed shall thereafter for all purposes be the time of birth of such person. The court's findings shall be accepted as satisfactorily refuting any evidence to the contrary.~~ (b) (c)

2. Registration of Previously Unregistered Birth through State Registrar of Vital Statistics

For a person born in California the person himself, or any ~~beneficially interested~~ another person, may file an application for the original registration of such birth with the State Registrar of Vital Statistics or local registrar of the district in which the birth occurred. After review of the application, affidavits, and documentary evidence, the Registrar issues and files a delayed certificate of such birth. The filing fee for the application is \$4.00. (Health and Safety Code, Secs. 10615 thru 10620) (b)

3. Correction of Birth Certificates

Whenever the facts are not correctly stated in any certificate of birth and a correction is desired, an affidavit is required to be made by the person asserting that the error exists. The affidavit to be filed with the local registrar must state the changes necessary to make the record correct and be supported by the affidavit of one other credible person having knowledge of the facts. (Health and Safety Code Secs. 10575 thru 10579)

- (a) Incorporated in ANC Manual  
(b) For Clarification  
(c) For conformity with Sec. 10605.5 Health and Safety Code  
(Section Continued)

~~Since delayed birth certificates are a record made after the event,~~  
~~they should.~~ A delayed or corrected birth certificate issued by the state or local (a)  
registrar without court action shall be evaluated as any other piece of age  
evidence in accordance with the provisions of Sec. 230-45, Evaluation of Evidence.  
(See Sec. 107-10, Conflicting Evidence of Age.) (W&IC 2140, 3075, 3460)

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(a) Incorporated in ANC Manual



143-95 LEASES AS PERSONAL PROPERTY  
OAS, ANB, APSB

143-95 |

Leases for a term of years are personal property. (See Glossary-Leases.) /  
Exception: A lease is real property when it is for a period of not less than 10 years and the leased premises are used as a place of residence for the lessee. (See Sec. 132-60, Real Property Held by Lease.)

When houses, cabins, etc., are placed upon leased land with the provision in the lease that houses, cabins, etc., remain the property of the lessee, such holdings represent personal property, if the lease is personal property, real property if the lease is real property.

The value of all leases considered personal property shall be determined, according to the provisions of the respective category of aid. (See Secs. 143-00, and 143-10, Determination of Value of Personal Property.) (W&IC 2140, 3075, 3460)

144-00 DETERMINATION OF VALUE OF PERSONAL PROPERTY BEING PURCHASED 144-00  
UNDER CONDITIONAL SALES CONTRACT  
OAS, ANB, APSB

When personal property is being purchased on a conditional sales contract, the market value of the purchaser's equity in the article shall be considered in determining eligibility for OAS and ANB. In APSB, the assessed value of the purchaser's equity in such articles shall be considered. |

In OAS and ANB, the market value of the purchaser's equity represents /  
the difference between the current market value of the goods being purchased and the remainder due on the contract. There will be no equity when the remainder due exceeds the current market value. In APSB, the purchaser's equity is the difference between the assessed valuation and the amount due on the contract. |  
When the balance due on the contract is greater than the assessed valuation, there is no equity.

In the absence of information to the contrary, it is the presumption that payments are being made regularly in accordance with the terms of the contract of sale. (W&IC 2140, 3075, 3460)

144-05 DETERMINATION OF VALUE OF PERSONAL PROPERTY SOLD UNDER 144-05  
CONDITIONAL SALES CONTRACT (TITLE REMAINING WITH THE SELLER)  
OAS, ANB, APSB

In OAS, ANB, and APSB, the value of articles of personal property sold under conditional sales contract represents personal property of the seller, since title remains with him. Their value must be considered in determining eligibility of the seller for the particular category of aid until such time as title passes to the buyer.

In OAS, the current market value of articles being sold under conditional sales contract represents the value to be included when determining personal property holdings. In ANB and APSB, the county assessed value of such articles is considered when determining eligibility.

The return, exclusive of interest, to the seller of articles of personal property under a conditional sales contract represents personal property, and when the value of total personal property holdings remains within the maximum for the particular category of aid, there is no occasion for interruption of aid. (W&IC 2140, 3075, 3460)

(a)

If personal property is sold on a conditional sales contract, the market value of the seller's equity in the article shall be considered in determining eligibility for OAS and ANB. In APSB the assessed value of the seller's equity in such articles shall be considered.

In OAS and ANB the market value of the seller's equity is the current market value of the goods being sold less the total amount paid on the purchase price (excluding interest). If the amount paid on the purchase price exceeds the current market value, there is no equity.

In APSB the seller's equity is the assessed value of the article less the amount paid on the purchase price. If the amount paid on the purchase price exceeds the assessed value, there is no equity.

In the absence of information to the contrary, it is the presumption that payments are being made regularly in accordance with the terms of the contract of sale. (W&IC 2140, 3075, 3460)

(a) To conform to changes in law in ANB.



All reports of eye examinations and of neuropsychiatric examinations shall be acted upon by the State Ophthalmologist SDSW. (See Sec. 235-00, Physician's Reports of Eye Examination.) Reports ~~may~~ shall be submitted to the SDSW for review ~~by the State Ophthalmologist~~ prior to action on the application.

This provision for the review of reports is to assist the county in ~~determining the applicant's determination of eligibility insofar as on degree of blindness is concerned and~~ The review avoids payment to persons whose eye ~~and/or~~ neuropsychiatric examinations ~~reports~~ indicate that their degree of visual impairment does not come within the definition of blindness. (See Sec. 180-10, Definition of Blindness.)

The SDSW will authorize another examination and designate the physician to make it if a report shows absence of pathology to account for the degree of disability claimed or if reliability of the applicant's response is questioned.

~~If an examiner makes a report stating in effect that there is not sufficient pathology to account for the degree of disability claimed, or where reliability of the applicant's response is questioned by the examiner, an examination by another physician designated by the State Ophthalmologist shall be authorized. The information contained in the report of the first examiner shall be made available to the examiner selected to make the second eye examination with the exception of the name of the first examiner. The examiner selected by the State Ophthalmologist shall be one who is familiar with amblyopia. The State Ophthalmologist shall base his determination of eligibility insofar as degree of blindness is concerned upon this second report. The SDSW eligibility findings on degree of blindness will be based upon these reports.~~

(a)

The SDSW will designate a neuropsychiatrist and authorize an examination by him if an eye report indicates a need for such an examination to determine eligibility. A neuropsychiatric examination may be necessary to establish eligibility on degree of blindness if:

1. There is no reported visual acuity.
2. There is absence of pathology, or
3. A diagnosis shows only photophobia, blepharospasm, ptosis, senility, mental aberrations, hysterical blindness, or neurological lesions.

In these instances the neuropsychiatric report must show involvement of the visual tracts or a psychiatric condition which results in little or no available vision for the individual.

If a neuropsychiatric examination is necessary, the SDSW will notify the county and request that the right of the individual to such an examination be discussed with him. It is the responsibility of the county to advise the SDSW of the individual's decision. If the individual wishes the examination, the SDSW will designate the neuropsychiatrist and send the necessary report forms to him. The county is responsible for arranging the appointment with the neuropsychiatrist. (See Sec. 235-00, Physician's Reports of Eye Examination.)

(Section Continued on Next Page)

~~In the absence of a definite reported visual acuity in accordance with the definition of economic blindness, aid or security shall not be approved on the basis of photophobia, blepharospasm, ptosis, senility, mental aberrations, or neurological lesions without visible eye pathology, in the absence of a neurological report showing involvement of the visual tracts.~~

~~Aid or security shall not be granted when the loss of visual acuity is based on a diagnosis of hysterical blindness. (Hysterical blindness shows no pathology in the eye or visual tracts and is a mental condition rather than an ophthalmological problem.)~~

(a)

Aid or security shall not be granted if the eye and/or neuropsychiatric examination report indicates that the applicant individual is so mentally incompetent that he cannot cooperate with the physician who makes the examination, or if sufficient eye neurological or psychiatric pathology is not found to account for the loss of vision claimed. If the examining physician reports sufficient pathology to account for the blindness, an estimate of visual acuity by the examiner may be accepted, if the mental condition of the applicant or recipient prevents cooperation with the examining physician.

Aid or security shall not be granted on the basis of an eye and/or psychiatric examination report in which the examining physician states in effect that he believes the patient is malingering. (W&IC 3075, 3083, 3460, 3471)

(a) To conform to Chapter 48, Statutes of 1950, First Extraordinary Session.



A written record of all requests for aid shall be kept, even though the application form is not signed.

"Requests for aid" and "Requests for restoration of aid" may be made orally (in person or by telephone) or in writing.

- a. A request for aid is made when the individual indicates that he is in need and asks for financial assistance. If he lacks sufficient information to be specific about the assistance program for which he might qualify, the county shall provide the necessary information. *the requirement for recording shall apply to telephone requests only when the individual specifies the assistance program for which he wants aid to apply.*
- b. A request for restoration of aid is made when the individual indicates that he is in need and that he had previously received aid (in the county to which he is making his request) which had been discontinued less than twelve months prior to the date of the request for restoration.
- c. A request for information is one which is unrelated to a specific request for aid. It is made without the individual indicating that he is in need. He may only desire to obtain information relative to the assistance programs or points of agency policy. Such requests will usually be made by callers seeking information who are either (1) clearly not presumptive applicants, i.e., the general public, or (2) not willing to identify themselves. Note that a request for information may, in the course of an interview, develop into a request for aid.

The record of requests for aid shall be filed so as to be readily available for review and shall include the following information:

(a)

1. Aid program
2. Name and address of the applicant
3. Date of request
4. Nature of the request
5. Disposition of request
6. If no application is signed, the reason the applicant did not continue with the application.

If a request for aid is made but the application is not signed, the information secured during the interview shall be recorded in a manner which will be helpful in the event of a later application or a complaint. (See Sec. 202-10, County Card Files and Controls)

A request for public assistance is considered an application when the Application, Form Ag, Bl, GA 200, has been completed, signed by the applicant, acknowledged and filed with the county. In OAS the request is also considered an application if and when an authorized representative of the applicant signs the completed Form Ag 200B, Application of Authorized Representative of Applicant. (See Sec. 201-12, Application Made by Authorized Representative.) (Application from institutions for ANC may be filed directly with the SDSW rather than with the county.)

The Application, Form Ag, Bl 200, shall be signed by the applicant (and acknowledged by a properly qualified official) at the time of the first interview unless the applicant appears to be definitely ineligible under the law, is convinced that he does not qualify for aid and when he first makes his need known unless he does not desire to continue with the application. Persons who are obviously ineligible but who are not convinced of their ineligibility have the right to make an application, which shall be investigated as other applications are investigated. If a guardian has been appointed see Sec. 201-10, Person-Making Application. The applicant may realize that he is not eligible, or for some other reason may choose not to continue with the application. Persons who are obviously ineligible shall be permitted to sign an Application, Form Ag, Bl 200, if they wish to do so, (W&IC 2140, 3075, 3460)

A written record shall be kept of all requests for aid even though the application form is not signed. The following record should be maintained of all cases in which there is reason to believe the person is a potential applicant himself or the person making the inquiry is inquiring in behalf of a potential applicant:

(a)

1. Category of aid.
2. Name of applicant.
3. Address.
4. Date.
5. Number in family. (Children's Aid only).
6. Nature of inquiry.
7. Disposition.
8. If no application is signed, the reason therefor.

When a person withdraws his application, the information secured during the interview should be recorded in a manner which would be helpful in the event of a reapplication or a complaint. (See Sec. 202-10, County Card Files and Controls.) (W&IC 1557, 1560, 2140, 3075, 3460)



201-05 PLACE OF MAKING APPLICATION  
OAS, ANB, APSB

201-05

The application may be completed in the county office, in the applicant's home, in another place satisfactory to both, or in an institution. In ANB and APSB the county shall on request mail application blank to any person in the county. (W&IC 2140, 3075, 3080, 3460)

201-10 PERSON MAKING APPLICATION  
OAS, ANB, APSB

201-10

The applicant shall sign the prescribed application forms and give the necessary information and if he has a guardian of the person or of the estate both the guardian and the person shall sign the application, as data on the application form includes material which is known to each. When the guardian is guardian of both the person and the estate, only the signature of the guardian is required. (W&IC 2140, 3075, 3460; Prob. C 1405; AGO NS999)

In OAS the applicant, when physically able, shall apply in person to the county. When the applicant is physically unable to apply in person he may have his authorized representative make application *for him, or he may make known to the county his desire to make application* and the county shall, as soon as possible, call in the home and secure the signed application (Form Ag 200). (See Sec. 201-12, Application Made By Authorized Representative) (W&IC 2140, 2180)

In ANB and APSB, immediately upon request therefor, the county shall mail an application for aid (Form Bl 200) to any person in the county. The applicant may file his application with the county by mail, in which event the postmark determines the date of the application; or when physically able he may apply in person to the county. When the person who is physically unable to apply in person, and who does not mail his application to the county, makes known to the county his desire to make application, the county shall, as soon as possible, call in the home to secure the signed application (Form Bl 200). (W&IC 3080, 3075, 3460)

The county shall maintain a permanent ~~master~~ card file of all persons who have made ~~application for OAS, ANB, APSB, and ANG, with the county number assigned to each~~ a request for aid as defined in Sec. 201-00. When a request has become an application for Old Age Security, Aid to Needy Blind, or Aid to Partially Self-supporting Blind, the state number assigned to the application shall appear on the card. ~~Some method of registering such numbers shall likewise be maintained.~~ *or there shall be available a cross reference thereto.*

(a)

Such other card files and controls as may be necessary shall be maintained in connection with:

1. Pending applications
2. Cases in which an application has been signed but aid has been denied or discontinued or in which the application has been cancelled or withdrawn
3. Active cases currently receiving aid
4. Annual reinvestigations of eligibility
5. Transfers of cases to another county or from another county
6. Completion of required period of county residence on non-county cases
7. All requests for aid even though an application is not signed.

(a)

(See Sec. 201-00, Requests for Aid.) (W&IC 1560, 2140, 3075, 3460)

(a) Clarification



202-10 (Continued)

202-10

4. Annual reinvestigations of eligibility
5. Transfers of cases to another county or from another county;
6. Completion of required period of county residence on non-county cases;
7. All requests for aid even though an application is not signed.

(See Sec. 201-00, Requests for Aid) (W&IC 2140, 3075, 3460)

202-15 SERVICES RENDERED BY COUNTY TO APPLICANTS  
OAS, ANB, APSB

202-15

The county shall establish procedures and provide facilities necessary for the purpose of carrying out the provisions of the OAS, ANB, and APSB laws. To this end the county shall maintain facilities to:

1. Receive applications of persons who believe themselves eligible for assistance;
  2. Provide information as to eligibility requirements and other provisions of the laws;
  3. Assist applicants to complete the application blank and other necessary forms;
  4. Assist applicants in need of such service to obtain proofs of eligibility;
  5. Investigate applications promptly and diligently, establishing definite eligibility or ineligibility, unless the application is voluntarily withdrawn in the meantime;
  6. Maintain the confidential nature of records;
  7. Provide information as to availability of services by other agencies;
  8. Render such other services as the individual or family may require.
- (W&IC 2140, 3075, 3460)

The payee's name shall appear on the warrant exactly as his signature appears on the application (Form Ag, Bl, CA 200), on the Summary of Letters of Guardianship (Form DPA 5) or, in ANC, on the latest Notice of Change (Form CA 232). (See Sec. 202-20, The Application Form.) Exception: If the county's disbursement procedures make it difficult to use the full first name, the initial only may be shown on the warrant. In ANC, the names of the children for whom aid is paid shall not appear on the warrant.

(a)

The state number assigned to the case may appear on the face of the warrant for further identification. It shall be used with the name in all correspondence, reports, records, and other data regarding the warrant.

Warrants drawn in payment of OAS, ANB, APSB, and ANC shall not carry any reference to indigency or pauperism and shall not include any word or abbreviation indicative of aid, assistance, charity, needy, support, welfare, or words or abbreviations of similar connotation. The program titles Old Age Security, Aid to Needy Blind, Aid to Partially Self-supporting Blind Residents, and Aid to Needy Children and the abbreviations OAS, ANB, APSB, and ANC shall not appear on the warrant nor shall the fund designation appear on the warrant if it includes such words as welfare, security, relief, indigent, etc. (See Sec. 102-20, No Pauper Designation)

For identification purposes within the county government such warrants may carry a code letter or number provided such code is not generally understood by the public. The following codes are recommended:

- A - Old Age Security
- B - Aid to Needy Blind
- P - Aid to Partially Self-supporting Blind Residents
- C - Aid to Needy Children

If case numbers are written on the warrant by typewriter or other mechanical process, such numbers may include the program suffix as Ag for OAS, Bl for ANB and APSB, and CA for ANC.

It may also be helpful to use warrants of different colors or tints for the various programs such as buff for OAS, green for ANB and APSB, and blue for ANC. (W&IC 118.2, 1560, 2009, 2140, 3002, 3075, 3401.5, 3460; FSS-Admin.)

(a) To comply with Federal Social Security Administration requirements.



Portions of this section not relative to the changes  
are omitted from the agenda.

Aid to Partially Self-supporting Blind Residents

PERIOD COVERED	MAXIMUM GRANT	RATIO OF PARTICIPATION *	
		STATE SHARE	COUNTY SHARE
2/1/49 thru	\$85	5/6 of Grant	1/6 of Grant
10/1/47 thru 1/31/49	75	5/6 of Grant	1/6 of Grant
3/1/47 thru 9/30/47	65	1/2 of Grant	1/2 of Grant
9/15/45 thru 2/20/47	60	1/2 of Grant	1/2 of Grant
7/1/41 thru 9/14/45	50	1/2 of Grant	1/2 of Grant

\*There are no Regular (Code R) or Non-County (Code N) cases as there is  
no federal participation in APSB.

Regular Non-federal cases (Code R X) - State and county shares are computed  
according to the chart.

(a)

Non-county non-federal cases (Code N S) - The state pays the total amount of  
the grant.

(a) Terminology changed to apply to new claim forms and procedures so that the  
same Affidavit and Claim Summary forms may be used for both ANB and APSB.

## Aid to Needy Children (Voucher)

PERIOD COVERED	MAXIMUM STATE BASIS *		MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
	REGULAR CASES	NON-FEDERAL CASES		FEDERAL SHARE	STATE SHARE	COUNTY SHARE
10/1/50 thru	\$16.50 for payee, \$88.50 for first child, \$48 for each additional child in family budget unit.	\$72 for first child, \$36 for each additional child in the home.	\$27 for payee, \$27 for first child, \$18 for each additional child in family budget unit.	1/2 up to maximum Federal basis plus \$3 for payee and \$3 for each child.	2/3 of Remainder	1/3 of Remainder (a)
10/1/48 thru 9/30/50	\$88.50 for first child, \$48 for each additional child in family budget unit.	\$72 for first child, \$36 for each additional child in the home.	\$27 for first child, \$18 for each additional child in family budget unit.	1/2 up to maximum Federal basis plus \$3 for each child.	2/3 of Remainder	1/3 of Remainder (a)
10/1/47 thru 9/30/48	\$85.50 for first child, \$45 for each additional child in family budget unit.	\$72 for first child, \$36 for each additional child in the home.	\$24 for first child, \$15 for each additional child in family budget unit.	1/2 up to maximum Federal Basis plus \$1.50 for each child.	2/3 of Remainder	1/3 of Remainder
10/1/46 thru 9/30/47	\$36 for first child, \$31.50 for each additional child in family budget unit.	\$22.50 for each child.	\$24 for first child, \$15 for each additional child in family budget unit.	1/2 up to maximum Federal Basis plus \$1.50 for each child.	2/3 of Remainder	1/3 of Remainder
1/1/40 thru 9/30/46	\$31.50 for first child, \$28.50 for each additional child in family budget unit.	\$22.50 for each child.	\$18 for first child, \$12 for each additional child in family budget unit.	1/2 up to maximum Federal Basis.	2/3 of Remainder	1/3 of Remainder
10/1/39 thru 12/31/39	\$28.50 for first child, \$26.50 for each additional child in family budget unit.	\$22.50 for each child.	\$18 for first child, \$12 for each additional child in family budget unit.	1/3 up to maximum Federal Basis	2/3 of Remainder	1/3 of Remainder
7/1/36 thru 9/30/39	\$20 for each child in family budget unit.	\$20 for each child.	\$18 for first child, \$12 for each additional child in family budget unit.	1/3 up to maximum Federal Basis.	1/2 of Remainder	1/2 of Remainder
Prior to 7/1/36	None.	\$10 for each child in the home	None.	None.	Total amount of grant.	None

\*Any amount paid over the maximum state basis is county supplemental aid.

Regular Cases (Code R) - Federal, state, and county shares are computed according to the chart. Exclude county supplemental aid. (a)

Non-federal cases (Code X) - The state and county participate in the total amount of the grant (excluding county supplemental aid) according to their respective ratios.

Non-county cases (Code N) - The state pays the remainder of the grant (excluding county supplemental aid) after deducting the federal share.

Non-county, non-federal cases (Code S) - The state pays the total amount of the grant (excluding county supplemental aid).

(a) To include the new amendment to the Social Security Act allowing ANC grant for the caretaker.



Aid to Needy Children (Boarding Homes and Institutions)

PERIOD COVERED	MAXIMUM STATE BASIS *	RATIO OF PARTICIPATION	
		STATE SHARE	COUNTY SHARE
10/1/47 thru	\$72 for first child, \$36 for each additional child in the home.	2/3 of Grant	1/3 of Grant
10/1/39 thru 9/30/47	\$22.50 for each child in the home.	2/3 of Grant	1/3 of Grant
7/1/36 thru 9/30/39	\$20 for each child in the home.	1/2 of Grant	1/2 of Grant
Prior to 7/1/36	\$10 for each child in the home	Total amount of grant.	None

\*Any amount paid over the maximum state basis is county supplemental aid.

There are no Regular (Code R) or Non-county (Code N) cases as there is no federal participation in ANC payments made to children in boarding homes or institutions.

Regular Non-federal cases (Code ~~R~~X) - State and county shares are computed according to the chart. Exclude county supplemental aid.

Non-county non-federal cases (Code ~~N~~S) - The state pays the total amount of the grant (excluding county supplemental aid).

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSS-Act)

(a) Terminology changed to apply to new claim forms and procedures so that the same Affidavit and Claim Summary Sheet forms may be used for both voucher and BHI claims.

An expenditure for purposes of administration must be for purposes other than "assistance" (cash or kind), must be directly pertinent or reasonably related to the provision of assistance in the category to which it is allocated, and must not be properly chargeable to another program or to any form of assistance as such.

The usual activities involving costs of public assistance administration for which federal participation may be claimed are:

1. Supervising the operation of public assistance programs;
2. Developing, evaluating, and modifying standards of operation;
3. Maintaining social, financial, and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted; e.g.:
  - a. The cost of blind-eye examinations to determine eligibility on degree of blindness. (See Secs. 180-15, Determination of Degree of Blindness; 180-20, Review of Examination Reports to Determine Degree of Blindness; 180-50, Reexamination of Eyes to Determine Continued Eligibility; 235-00, Physician's Reports of Eye Examinations; and 645-31, Expenditures for Examinations to Determine Eligibility on Degree of Blindness.) (a)
  - b. The cost of examination of incapacitated or tuberculous father by a private physician.
  - c. The cost of \$1.00 for search of draft records. (See Sec. 107-85, Draft Board Records as Age Evidence.)
  - d. The cost of search of census records, \$1.00 for routine search or \$3.00 provided the circumstances justify a special search. (See Sec. 107-65, U.S. Census Records as Age Evidence.)
6. Providing such financial assistance. (W&IC 1553, 2186, 3087; FSS-Admin.)

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(a) To conform to Chapter 48, Statutes of 1950, First Extraordinary Session.



(a)

Federal participation may be claimed for cost of required eye examinations for Aid to the Blind. (See Secs. 235-00, Physician's Reports of Eye Examination, 351-50, Reinvestigation of Blindness, and 645-02, Expenditures for Purposes of Administration, 180-20, Review of Eye Examination Reports to Determine Degree of Blindness)

(a)

In connection with an application for ANB, the SDSW requires the first examination and if the applicant, at his own expense, submits a second report which is in conflict with the first, then the SDSW requires a third or resolving report. ~~Accordingly Reimbursement may be claimed for the first and third examinations, and any additional examinations~~ which the SDSW may require to determine degree of blindness.

(a)

In connection with reinvestigation, reimbursement may be claimed for the required eye examinations to determine degree of blindness (see Secs. 351-50, Reinvestigation of Blindness, ~~and for any additional examination which the SDSW may require~~ 180-25, Successive Eye Examination Reports, 180-50, Re-examination of Eyes to Determine Continued Eligibility, and 361-40, Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination.) If the SDSW requires a neuropsychiatric examination to determine degree of blindness, federal reimbursement may be claimed. The maximum fee for which reimbursement may be claimed for this type of examination is \$15.

(a)

Necessary expenses to the county for transporting an applicant for, or recipient of, ANB to obtain ~~the~~ any required eye examination (see Secs. 180-15, Determination of Degree of Blindness, and 180-50, Re-examination of Eyes to Determine Continued Eligibility) are administrative expenses, subject to federal reimbursement provided:

1. The applicant or recipient is not financially able to meet such costs, and
2. There is no accessible ophthalmologist on the panel or no neuro-psychiatrist in the county and the person must be transported to another county or state, or
3. Transportation to another county or state is necessary for examination by an ophthalmologist who had not previously examined the person, or
4. The distance to the nearest accessible ophthalmologist <sup>on the panel</sup> or neuro-psychiatrist on the panel in the county is great and transportation to his office is necessary, or
5. The blind person is bedfast and the cost of transportation of the ophthalmologist or neuropsychiatrist to the home of the blind person is incurred by the county, or
6. The blind person requires an attendant to accompany him to the ~~ophthalmelegist's~~ examiner's office, thus incurring additional expense. (W&IC 3075, 3087; FSS-Admin.)

(a)